

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90004 033 \*\*\*\*61.25

**DOCUMENT # N28955**  
 1. Entity Name  
**DAVIS ISLAND YACHT CLUB, INC.**

Principal Place of Business 1315 SEVERN AVE TAMPA FL 33606 US	Mailing Address 1315 SEVERN AVE TAMPA FL 33606 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-0870549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TERRY, WILLIAM**  
**BARNETT PLAZA**  
**101 E. KENNEDY BLVD, STE 2560**  
**TAMPA FL 33601**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME D BLOVIN, JOEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1314 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME DT JONES, CHERYL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME D ROSENKE, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME D SELPH, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME S WILLSTEIN, ROBIN	<input type="checkbox"/> Delete
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME D TYSON, JAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME D FRANK SELPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME DT STEPHEN YOUNG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME D EDWARD RUARK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME D HERMAN BIPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	
TITLE NAME D PAUL LEONARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1315 SEVERN	
CITY-ST-ZIP TAMPA FL 33606	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Stephen F. Young* **STEPHEN F. YOUNG** 4/10/01 813 251 1158  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)