

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36989

1. Entity Name

ANCHOR BOAT CLUB, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90073 022 ****61.25

Principal Place of Business C/O BOB MYERS 11 COLLINGVILLE CT PALM COAST FL 32137 US	Mailing Address ANCHOR BOAT CLUB, INC. PO BOX 351501 PALM COAST FL 32135-1501 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business LINDA COHEN Suite, Apt. #, etc. 6 CHESNEY CT	3. Mailing Address Suite, Apt. #, etc.
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City & State PALM COAST FL	City & State	4. FEI Number 59-3047602	Applied For Not Applicable
Zip 32137	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR
185 CPYRESS PT PKWY
STE 6
PALM COAST FL 32164

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 _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE DC	MEYERS, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 11 COLLINGVILLE CT		
CITY-ST-ZIP PALM COAST FL 32137		
TITLE DVC	TONTODONATO, EUGENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 49 COMANCHE CT		
CITY-ST-ZIP PALM COAST FL 32137		
TITLE DS	BOHN, JANET	<input type="checkbox"/> Delete
STREET ADDRESS 13 N. CLEARVIEW CT		
CITY-ST-ZIP PALM COAST FL 32137		
TITLE DT	ERICKSON, BILL	<input type="checkbox"/> Delete
STREET ADDRESS 16 WILLOUGHBY PL		
CITY-ST-ZIP PALM COAST FL 32164		
TITLE DRC	COHEN, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 6 CHESNEY CT		
CITY-ST-ZIP PALM COAST FL 32137		
TITLE DFC	MARESCO, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 13 COTTON CT		
CITY-ST-ZIP PALM COAST FL 32137		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC	COHEN, LINDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6 CHESNEY CT		
CITY-ST-ZIP PALM COAST FL 32137		
TITLE DVC	MAYER, FRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 18 N. CLEARVIEW CT		
CITY-ST-ZIP PALM COAST FL 32137		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DRC	O'BRIEN, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 31 CHRISTOPHER CT		
CITY-ST-ZIP PALM COAST FL 32137		
TITLE DFC	BOHN, LOU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13 N. CLEARVIEW CT		
CITY-ST-ZIP PALM COAST FL 32137		

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: Linda M. Cohen Date: 3/9/00 Daytime Phone #: 904-446-2807

CR2E037 (9/99)