

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40454

1. Entity Name

ISLA DEL SOL YACHT & COUNTRY CLUB, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90213 039 ****61.25

Principal Place of Business

6025 SUN BOULEVARD
SUITE 101
ST PETERSBURG FL 33715

Mailing Address

6025 SUN BOULEVARD
SUITE 101
ST PETERSBURG FL 33715

2. Principal Place of Business

6000 Sun Blvd.

3. Mailing Address

6000 Sun Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33715

Country

USA

Zip

33715

Country

USA

4. FEI Number

59-2954671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, WILLIAM J.
C/O FRANK GODDARD P.A.
2959 1ST AVENUE NORTH
ST. PETERSBURG FL 33713

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	COURTNEY, JACK	
STREET ADDRESS	5853 LELAND STREET S.	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	LIMA, MIMI	
STREET ADDRESS	5153 ISLA KEY BLVD. #412	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	MCMANUS, RICHARD	
STREET ADDRESS	6132 LELAND STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RUTA, WALTER	
STREET ADDRESS	6290 BAHIA DEL MAR CIR	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARNETT, HUBERT	
STREET ADDRESS	#303BLD O. 6291 BAHIA DEL MAR CIR.	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McManus, Richard	
STREET ADDRESS	6132 Leland Street S.	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harnett, Hubert	
STREET ADDRESS	#303 Bld. O 6291 Bahia Del Mar Cir.	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, William	
STREET ADDRESS	4946 61st Avenue S.	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucca, Thomas	
STREET ADDRESS	#604-D, 6180 Sun Blvd.	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hueston, Robert	
STREET ADDRESS	#220, 5277 Isla Key Blvd.	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00

727-8640091

Date

Daytime Phone #

CR2E037 (5/00)