

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90294 041 ***61.25

CR2E037 (10/00)

DOCUMENT # N40454

1. Entity Name
ISLA DEL SOL YACHT & COUNTRY CLUB, INC.

| | |
|---|---|
| Principal Place of Business 6000 SUN BLVD ST PETERSBURG FL 33715 | Mailing Address 6000 SUN BLVD ST PETERSBURG FL 33715 |
|---|---|

C0030959



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|--|---------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |

| | |
|--|--|
| 4. FEI Number 59-2954671 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| MARTIN, WILLIAM J C/O FRANK GODDARD P.A. 2959 1ST AVENUE NORTH ST. PETERSBURG FL 33713 | | | | 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VPD LEE, WILLIAM 4946 61ST AVE S ST. PETERSBURG FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Lee, William 4946 61st Ave S St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCMANUS, RICHARD 6132 LELAND STREET S. ST. PETERSBURG FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 VPD Houston, Robert #220 5277 1st Key Blvd. St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LUCCA, THOMAS 4804-D 6180 SUN BLVD ST. PETERSBURG FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2 VPD Lombardi, Richard 4891 Bacopa Lane, # 703 St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VPD HARNETT, HUBERT #303BLD O. 6291 BAHIA DEL MAR CIR. ST. PETERSBURG FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Rutardt, Richard #407A 6104 Palma del Mar Blvd. St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HUESTON, ROBERT #220 5277 ISLE KEY BLVD SAINT PETERSBURG FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Turnbull, Robert 5151 1st Key Blvd. #421 St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ *William Lee* _____ **REQUIRED**
2-28-01 727-906-4752