

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90009 047 ****61.25

0042515

DOCUMENT # N40454

1. Entity Name

ISLA DEL SOL YACHT & COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**6000 SUN BLVD
 ST PETERSBURG FL 33715**

**6000 SUN BLVD
 ST PETERSBURG FL 33715**

417554

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2954671

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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

Catherine R. Warren

Street Address (P.O. Box Number is Not Acceptable)

6000 Sun Blvd.

City

St. Petersburg

FL

Zip Code

33715

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 **Catherine R. Warren Director of Finance**

2/4/02

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, WILLIAM	
STREET ADDRESS	4946 61ST AVE S	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	HUSTON, ROBERT	
STREET ADDRESS	220 5277 ISLE KEY BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	LOMBARDI, RICHARD	
STREET ADDRESS	4891 BACOPA LANE #703	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUTHARDT, RICHARD	
STREET ADDRESS	607A 6104 PALMA DEL MAR BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURNBUL, ROBERT	
STREET ADDRESS	5151 ISLE KEY BLVD #421	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Khosh	
STREET ADDRESS	4830 Osprey Drive, S. Unit 106F	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Butler	
STREET ADDRESS	3892 Belle Vista Dr. E.	
CITY-ST-ZIP	St. Pete Beach FL 33706	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Marciniak	
STREET ADDRESS	#481 6105 Bahia del Mar Circle	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turnbull, Robert	
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:

WILLIAM F. LEE REQUIRED

2/4/02

727-906-4752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)