

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90023 030 \*\*\*\*61.25

**DOCUMENT # N43747**

1. Entity Name

**SAILING SINGLES CLUB, INC.**

Principal Place of Business

12352 MCGREGOR WOODS  
 FT. MYERS FL 33908  
 US

Mailing Address

5208 TOWER DR.  
 CAPE CORAL FL 33904-5851  
 US

851392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**63 PERCY ST. #63**

3. Mailing Address

**63 PERCY ST. #63**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL**

City & State

**FORT MYERS, FL**

4. FEI Number

**65-0274378**

Applied For

Not Applicable

Zip

**33910**

Country

**LEE**

Zip

**33910**

Country

**LEE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ERICKSON, JOCELYN**  
 5208 TOWER DR.  
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name **GLENN TOMLINSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**63 PERCY STREET #63**  
 City **FORT MYERS** FL Zip Code **33910**

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

*Gray Mines* **GRAY MINES/TREA**

**4/28/00**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ERICKSON, JOCELYN</b>	
STREET ADDRESS	<b>P.O. BOX 61504</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33906</b>	
TITLE	<b>VC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOMLINSON, GLENN</b>	
STREET ADDRESS	<b>63 PERRY ST. #63</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33910</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHARKEY, BARBARA A</b>	
STREET ADDRESS	<b>6016 COCOS DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCLAUGHLIN, BONNIE</b>	
STREET ADDRESS	<b>261 FAIRWEATHER LANE</b>	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL 33931</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DORMAN, DOUGLAS</b>	
STREET ADDRESS	<b>2323 CLUB HOUSE ROAD</b>	
CITY-ST-ZIP	<b>N FT MYERS FL 33903</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LIEBERMAN, JIM</b>	
STREET ADDRESS	<b>P.O. BOX 151713 N/A</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33915</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRESIDENT/COMMODORE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLENN TOMLINSON</b>	
STREET ADDRESS	<b>63 PERCY ST. #63</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33910</b>	
TITLE	<b>VICE PRESIDENT/VICE COMMODORE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANN FRANCES</b>	
STREET ADDRESS	<b>1500 POPHAM DRIVE. C-12</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY MINES</b>	
STREET ADDRESS	<b>2414 GORHAM AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33907</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CRUISE DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILMA AMES</b>	
STREET ADDRESS	<b>352 NICKLAUS BLVD</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS, FL 33903</b>	
TITLE	<b>MEMBERSHIP DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARY SCOFIE</b>	
STREET ADDRESS	<b>2125 GOLFSIDE VILLAGE DRIVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES, FL 33972</b>	

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:

*Gray Mines* **GRAY MINES/TREASURER**

**4/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)