

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004840

1. Entity Name

DAYTONA BEACH YACHT CLUB, INCORPORATED

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90226 010 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 6392, STATION A
DAYTONA BEACH FL 32122

P.O. BOX 6392, STATION A
DAYTONA BEACH FL 32122-6392

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1032346

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

BAUM, GERALD E
1224 S. PENINSULA DR., #116
DAYTONA BEACH FL 32218 - 4844

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

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	D E	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, CHARLES	
STREET ADDRESS	OAKMONT CIR	
CITY-ST-ZIP	ORMOND BEACH FL 32174 - 3817	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REIMANN, JUDITH C	
STREET ADDRESS	54 WOODLANDS BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32118	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OTTO, BEEBE	
STREET ADDRESS	404 S BEACH ST 804	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOYNELO, ANDRE	
STREET ADDRESS	404 S BEACH ST, #1202	
CITY-ST-ZIP	DAYTONA BEACH FL 32114 - 5019	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEEBE, JUDY	
STREET ADDRESS	404 S BEACH ST 804	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TONJES, JANE M	
STREET ADDRESS	4420 CONWAY GARDENS RD	
CITY-ST-ZIP	ORLNDO FL 32806	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBSEN, CHARLES		
STREET ADDRESS	44 OAKMONT CIRCLE		
CITY-ST-ZIP	ORMOND BEACH, FL 32174-3817		
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, ALLIE		
STREET ADDRESS	P.O. BOX 214037		
CITY-ST-ZIP	S. DAYTONA, FL 32121-4037		
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIDSON, VICTORIA LEE		
STREET ADDRESS	3757 S. ATLANTIC AVE #502		
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32127-5251		
TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARABINO, JOSEPH		
STREET ADDRESS	3757 S. ATLANTIC AVE #201		
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32127-5251		
TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUM, GERALD E.		
STREET ADDRESS	1224 S. PENINSULA DR #116		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118-4844		
TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DON CARLOS, WILLIE MAE		
STREET ADDRESS	718 CENTRAL PARK BLVD		
CITY-ST-ZIP	PORT ORANGE FL 32127-7553		

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: Gerald E. Baum REIGERD E. BAUM 2-24-2000 904-255-1537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)