

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91020 042 ****61.25

DOCUMENT # **N99000005881**

1. Entity Name
LAKE BERESFORD YACHT CLUB, INC.



Principal Place of Business
**1961 HONTOON RD
DELAND FL 32720**

Mailing Address
**1961 HONTOON RD
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0543143**

Applied For

Not Applicable

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

**BOWES, LINDA
1961 HONTOON RD
DELAND FL 32720**

Name **MICHAEL REIMERS**

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

1961 Hontoon Rd.

City **DeLand**

FL

Zip Code

32720

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Reimers* Club Manager 1-22-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
NAME **GRIFFIN, PEGGY**
STREET ADDRESS **1961 HONTOON RD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **LOWERY, DANIEL**
STREET ADDRESS **5561 BRECKENRIDGE CR**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **TREASURER** Change Addition
NAME **LEWIS WISE**
STREET ADDRESS **37 Meadowood Trail**
CITY-ST-ZIP **DeLand, FL 32724**

TITLE **CD** Delete
NAME **LACOUR, JOHN**
STREET ADDRESS **128 S WOODLAND BLVD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *John Lacour*

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3-21-03 734-3854

CR2E037 (10/02)