

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105639

1. Entity Name

SOUTH BY SOUTHEAST SAILING, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90008 034 ***150.00

Principal Place of Business

Mailing Address

60 CANTERBURY CT. #1038
ORANGE PARK FL 32065

60 CANTERBURY CT. #1038
ORANGE PARK FL 32065-7290

2. Principal Place of Business

3. Mailing Address

411 WALNUT ST

411 WALNUT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 1038

PMB 1038

City & State

City & State

GREEN COVE SPRINGS FL

GREEN COVE SPRINGS FL

Zip

Country

Zip

Country

FL 32043

USA

32043

USA

4. FEI Number

59-3547202

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

HORMANN, PEGGY G
60 CANTERBURY CT. #1038
ORANGE PARK FL 32065

Name

HORMANN, PEGGY G

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

411 WALNUT ST

PMB 1038

City

GREEN COVE SPRINGS FL

Zip Code

32043

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

Peggy G Hormann

PEGGY G HORMANN

4-20-2000

Signature (typed or printed name of registered agent and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HORMANN, JAMES K	
STREET ADDRESS	60 CANTERBURY CT #1038	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	S	<input type="checkbox"/> Delete
NAME	HORMANN, PEGGY G	
STREET ADDRESS	60 CANTERBURY CT #1038	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORMANN, JAMES K	
STREET ADDRESS	411 WALNUT ST #1038	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORMANN, PEGGY G	
STREET ADDRESS	411 WALNUT ST #1038	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES K HORMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Date

Daytime Phone #

941-704-6067

CR2E034 (9/99)