

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36989

1. Entity Name

ANCHOR BOAT CLUB, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90073 022 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O BOB MYERS 11 COLLINGVILLE CT PALM COAST FL 32137 US	Mailing Address ANCHOR BOAT CLUB, INC. PO BOX 351501 PALM COAST FL 32135-1501 US
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2. Principal Place of Business LINDA COHEN	3. Mailing Address
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Suite, Apt. #, etc. 6 CHESNEY CT	Suite, Apt. #, etc.
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City & State PALM COAST FL	City & State
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Zip 32137	Country USA	Zip	Country
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4. FEI Number 59-3047602	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUNTARP, PAUL M JR 185 CPYRESS PT PKWY STE 6 PALM COAST FL 32164
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	DC MEYERS, BOB 11 COLLINGVILLE CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC TONTODONATO, EUGENE 49 COMANCHE CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOHN, JANET 13 N. CLEARVIEW CT PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ERICKSON, BILL 16 WILLOUGHBY PL PALM COAST FL 32164 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRC COHEN, LINDA 6 CHESNEY CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFC MARESCO, CHARLES 13 COTTON CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COHEN, LINDA 6 CHESNEY CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC MAYER, FRED 18 N. CLEARVIEW CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRC O'BRIEN, MARY 31 CHRISTOPHER CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFC BOHN, LOU 13 N. CLEARVIEW CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Cohen 3/9/00 904-446-2807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)