

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724987

1. Entity Name

ST. PETERSBURG, SAILING ASSOCIATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90007 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 174  
ST PETERBURG FL 33731

P.O. BOX 174  
ST PETERDBURG FL 33731-0174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1499743

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

~~CASHMAN, RICK~~  
700 BEACH DR NE  
#803  
ST PETERSBURG FL 33701

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME D  
STREET ADDRESS KLOTZ, CHRISTOPHER A  
CITY-ST-ZIP 2545 N E COACHMAN RD, #55  
CLEARWATER FL 34625

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS RAINER BLOMBERG  
CITY-ST-ZIP 13700 MONTEGO DR  
SEMINOLE FL 33716

TITLE ☒ Delete  
NAME D  
STREET ADDRESS HAGMAN, JOHN  
CITY-ST-ZIP 1109 PINELLAS BAYWAY/#104  
TIERRA VERDE FL 33715

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS LARRY HOGAN  
CITY-ST-ZIP PO BOX 2923  
ST PETE FL 33731

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CASHMAN, RICK  
CITY-ST-ZIP 700 BEACH DRIVE NE/#803  
ST PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCGOUGH, MAURICE Q  
CITY-ST-ZIP 771 19TH AVENUE NORTH  
ST PETE FL 33704

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS NEAL, RICHARD  
CITY-ST-ZIP 120 56TH STREET NORTH  
ST PETE FL 33710

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 and 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK CASHMAN (T) 4/13/00 727 821 7078

Date

Daytime Phone #

CR2E037 (9/99)