

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90056 023 \*\*\*\*61.25

**DOCUMENT # 714108**

1. Entity Name

**GRAND LAGOON YACHT CLUB, INC.**

Principal Place of Business

10653 GULF BEACH HWY.  
PENSACOLA FL 32507-9119

Mailing Address

P.O. BOX 34340  
PENSACOLA FL 32507  
US

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

**23-7241044**

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

**LIBONATE, MATTHEW**  
**10045 GULF BEACH HWY**  
**PENSACOLA FL 32507**

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.

**MATTHEW LIBONATE, CD**

(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 **CD** ☒ Delete  
NAME **MASHBURN, KATHERINE**  
STREET ADDRESS **12351 HWY 97**  
CITY-ST-ZIP **ELBERTA AL 36530**

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

TITLE **VCD** ☐ Delete  
NAME **LIBONATE, MATTHEW**  
STREET ADDRESS **10045 GULF BEACH HWY**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **CD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **ALLSOPP, ANTOINETTE**  
STREET ADDRESS **4585 DEERFIELD DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32526**

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

TITLE **TD** ☐ Delete  
NAME **ENFINGER, WANDA**  
STREET ADDRESS **10335 N LOOP RD**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **VC** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
NAME **Victoria Butts**  
STREET ADDRESS **4008 TURQUOISE DR**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MATTHEW LIBONATE**

Date

Daytime Phone #

**1/23/01 860 420 255**

CR2E037 (10/00)