

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724987

1. Entity Name

ST. PETERSBURG, SAILING ASSOCIATION, INC.

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90013 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 174  
ST PETERDBURG FL 33731

P.O. BOX 174  
ST PETERDBURG FL 33731

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

59-1499743

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

Name

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

City

FL

Zip Code

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

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 **BLOMBERG, RAINER**  
CITY-ST-ZIP **13700 MONTEGO DR.**  
**SEMINOLE FL 33776**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **ANDREW CHENEY**  
CITY-ST-ZIP **PO BOX 174**  
**ST PETERSBURG FL 33731**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HOGAN, LARRY**  
CITY-ST-ZIP **PO BOX 2973**  
**ST. PETERSBURG FL 33731**

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

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 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

2/19/01

727 821 7078

Date

Daytime Phone #

CR2E037 (10/00)