

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90116 009 ****70.00

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DOCUMENT # N98000005564

1. Entity Name

SANTA ROSA YACHT CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business

**300 PENSACOLA BEACH BLVD.
 GULF BREEZE FL 32561**

Mailing Address

**300 PENSACOLA BEACH BLVD.
 GULF BREEZE FL 32561**

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 **59-3567436**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKLOW, MELVIN A
 300 PENSACOLA BEACH BLVD.
 GULF BREEZE FL 32561**

Name ~~Melvin A. Burklow~~
 Street Address (P.O. Box Number is Not Acceptable)
5425 Oakmont Dr.

City **Pace** **FL** Zip Code **32571**

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 (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 **DP** Delete
 NAME **BURKLOW, MELVIN A**
 STREET ADDRESS **300 PENSACOLA BEACH BLVD.**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE Change Addition
 NAME
 STREET ADDRESS **5425 Oakmont Dr.**
 CITY-ST-ZIP **Pace, FL 32571**

TITLE **DVT** Delete
 NAME **BURKLOW, ROBERT**
 STREET ADDRESS **236 WOODMERE DR.**
 CITY-ST-ZIP **HOHENWALD TN 38462**

TITLE **DV** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~DS~~ Delete
 NAME **BURKLOW, EDWARD**
 STREET ADDRESS **1800 SANDY PLAINS PKWY., STE. 108**
 CITY-ST-ZIP **MARIETTA GA 30066**

TITLE ~~DST~~ Change Addition
 NAME **Dan L. Livingston**
 STREET ADDRESS **308 Williamsburg Dr.**
 CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Harry B. Moore**
 STREET ADDRESS **11 E. Galvez Ct.**
 CITY-ST-ZIP **Pensacola Beach, FL 32561**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **John Barnett**
 STREET ADDRESS **5601 Canongate Lane**
 CITY-ST-ZIP **Birmingham, AL 35242**

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)(f), 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:

Melvin A. Burklow
Melvin A. Burklow

2/22/02

(850) 934-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)