

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90041 047 \*\*\*\*61.25

DOCUMENT # **N00000002177**

1. Entity Name

**GULF ATLANTIC YACHT CLUB, INC.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4424 NW 13 ST**

Suite, Apt. #, etc.

**SUITE C-2**

City & State

**GAINESVILLE, FL**

Zip

**32609**

Country

**ALACHUA**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

4. FEI Number

**01-0594319**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**JTS DAVIDSON**

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

**4424 NW 13 ST**

**SUITE C-2**

City

**GAINESVILLE**

**FL**

Zip Code

**32609**

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

**FEE IS \$61.25  
Initial or Amended UBR**

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          | <b>P</b>                        |
| NAME           | <b>MICHELLE ISAACSON</b>        |
| STREET ADDRESS | <b>3944 NW 72 PLACE</b>         |
| CITY-ST-ZIP    | <b>GAINESVILLE, FL 32607</b>    |
| TITLE          | <b>VP</b>                       |
| NAME           | <b>DAN RHINE</b>                |
| STREET ADDRESS | <b>3204 SW 100 ST</b>           |
| CITY-ST-ZIP    | <b>GAINESVILLE, FL 32607</b>    |
| TITLE          | <b>T</b>                        |
| NAME           | <b>JTS DAVIDSON</b>             |
| STREET ADDRESS | <b>4424 NW 13 ST, SUITE C-2</b> |
| CITY-ST-ZIP    | <b>GAINESVILLE, FL 32609</b>    |
| TITLE          | <b>S</b>                        |
| NAME           | <b>AUBREY ADAMS</b>             |
| STREET ADDRESS | <b>440 NW 44 DR</b>             |
| CITY-ST-ZIP    | <b>GAINESVILLE, FL 32606</b>    |
| TITLE          | <b>C</b>                        |
| NAME           | <b>LARRY SCHNORL</b>            |
| STREET ADDRESS | <b>2048 NW 7 LANE</b>           |
| CITY-ST-ZIP    | <b>GAINESVILLE 32603</b>        |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**[Signature]**

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02**

Date

**352-375-1423**

Daytime Phone #

CR2E037B (12/01)