## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 02, 2003 8:00 am Secretary of State DOCUMENT # N0000002177 04-02-2003 90388 017 \*\*\*\*61.25 GULF ATLANTIC YACHT CLUB, INC. Principal Place of Business Mailing Address 4424 NW 13 ST. 4424 NW 13 ST. SHITE C-2 SUITE C-2 GAINESVILLE FL 32609 GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 01-0594319 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIDSON, JIB MR. Street Address (P.O. Box Number is Not Acceptable) 4424 NW 13 ST. SUITE C-2 GAINESVILLE FL 32609 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PI TITLE ☐ Delete TITLE ☐ Addition ISAACSON, MICHELLE NAME NAME STREET ADDRESS 3944 N.W. 7TH PLACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-ZIP VPD TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME RHINE, DAN NAME 3204 SW 100 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 C!TY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME adams, aubrey NAME STREET ADDRESS 4110 N.W. 44TH DRVIE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Delete ■ Addition TITLE TITLE ☐ Change DAVIDSON, J.B. NAME NAME 4424 NW 13 ST., SUITE C4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32608 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE SCHNELL, LARRY NAME NAME STREET ADDRESS 2048 NW 7 LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32603 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received by try stee 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

SIGNATURE:

FILED