

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90138 019 ****61.25

DOCUMENT # 724987

1. Entity Name

ST. PETERSBURG, SAILING ASSOCIATION, INC.



Principal Place of Business

**P.O. BOX 174
ST PETERBURG FL 33731**

Mailing Address

**P.O. BOX 174
ST PETERBURG 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

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

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLOMBERG, RAINER	
STREET ADDRESS	13700 MONTEGO DR.	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, LARRY	
STREET ADDRESS	PO BOX 2973	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASHMAN, RICK	
STREET ADDRESS	700 BEACH DRIVE NE/#803	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEAL, RICHARD	
STREET ADDRESS	120 56TH STREET NORTH	
CITY-ST-ZIP	ST PETE FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHENEY, ANDREW	
STREET ADDRESS	PO BOX 174	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAKKS, SELGA	
STREET ADDRESS	P.O BOX 174	
CITY-ST-ZIP	ST PETERSBURG FL 33731	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS ARNOLD	
STREET ADDRESS	PO BOX 174	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN DAVIDSON	
STREET ADDRESS	PO BOX 174	
CITY-ST-ZIP	ST PETERSBURG FL 33731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID BARBER	
STREET ADDRESS	PO BOX 174	
CITY-ST-ZIP	ST. PETERSBURG, FL 33731	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN WILUS	
STREET ADDRESS	PO BOX 174	
CITY-ST-ZIP	ST PETERSBURG FL 33731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

RICK CASHMAN

4/13/02

727 821 7078

CR2E037 (10/02)