

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90094 046 \*\*\*150.00

**DOCUMENT # 631660**

1. Entity Name

**BELLEAIR BEACH YACHT CLUB, INC.**

Principal Place of Business

**444 CAUSEWAY BLVD  
 BELLEAIR BCH F 34634  
 US**

Mailing Address

**444 CAUSEWAY BLVD  
 BELLEAIR BCH F 34634  
 US**

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 **59-1930791**

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

**ATTEBERRY, WILLIAM L.  
 444 CAUSEWAY BLVD  
 BELLEAIR BCH FL 34635**

Name

**MICHAEL E. KELLY**

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

**444 Causeway Blvd.**

**Belleair Beach**

City

**FL**

Zip Code

**33786**

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 **Michael E. Kelly - President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/3/01**

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ATTEBERRY, WILLIAM L.	
STREET ADDRESS	444 CAUSWAY BLVD	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOOLCOTT, KAYE	
STREET ADDRESS	444 CAUSEWAY BLVD	
CITY-ST-ZIP	BELLEAIR BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLLUCK, CHUCK	
STREET ADDRESS	444 CAUSEWAY BLVD	
CITY-ST-ZIP	BELLEAIR BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CUTLER, BERT	
STREET ADDRESS	444 CAUSEWAY BLVD	
CITY-ST-ZIP	BELLEAIR BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Michael E.	
STREET ADDRESS	444 Causeway Blvd.	
CITY-ST-ZIP	Belleair Beach, FL 33786	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Park, Robert	
STREET ADDRESS	444 Causeway Blvd.	
CITY-ST-ZIP	Belleair Beach, FL 33786	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowerment.

SIGNATURE: **Michael E. Kelly - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/01**

Date

**(727) 595-4646**

Daytime Phone #

CR2E034 (10/00)