

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700166

1. Entity Name

ST. PETERSBURG YACHT CLUB

Principal Place of Business

11 CENTRAL AVENUE
ST PETERSBURG FL 33701-3998

Mailing Address

11 CENTRAL AVENUE
ST PETERSBURG FL 33701-3919

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

59-0433240

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

MONTGOMERY, JAMES A JR
11 CENTRAL AVE
ST. PETERSBURG FL 33701

Name

Cynthia J. Weatherby

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

11 Central Avenue

St. Petersburg, FL

City

FL

Zip Code

33701

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

Cynthia J. Weatherby

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

(NOTE: Registered Agent signature required when reinstating)

1/26/2000

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 ☐ Delete
NAME D
STREET ADDRESS WELCH, BILL MO
CITY-ST-ZIP 2299 9TH AVE NORTH
ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS BOGUE, DONALD J
CITY-ST-ZIP 4651-1ST ST. NE
ST PETE FL 33703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SEIDENSPINNER, PATRICIA H
CITY-ST-ZIP 1935 IOWA AVE, NE
ST PETERSBURG FL 33703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS FRASER, WAYNE N
CITY-ST-ZIP 111 SECOND AVE NE STE 800
ST PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Fleece, Jay
CITY-ST-ZIP 901 40th Ave., No.
St. Petersburg, FL 33703

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)(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: REQUIRED

Jay Fleece, III. 1/26/2000 (727) 822-3873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90024 014 ****61.25



DO NOT WRITE IN THIS SPACE