

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

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90171 043 ****61.25

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 33701-3998**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BARDES, PAUL P
11 CENTRAL AVE
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRASER, WAYNE N	
STREET ADDRESS	111 SECOND AVE NE STE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEECE, JAY III	
STREET ADDRESS	901.40TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, DAVID	
STREET ADDRESS	PO BOX 17249	
CITY-ST-ZIP	CLEARWATER FL 33762-0249	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRIPPENDORF, DONALD J DR	
STREET ADDRESS	4641 PARK STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JAMES AJR	
STREET ADDRESS	9057 ST ANDREWS DR	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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)(l), 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** **ROBERT LOVEJOY 3/25/03 (727) 822-3873**

CR2E037 (10/02)