2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 700185 May 09, 2000 8:00 am Secretary of State BIRD KEY YACHT CLUB, INC. 05-09-2000 90121 039 ****70.00 Principal Place of Business Mailing Address 301 BIRD KEY DRIVE 301 BIRD KEY DRIVE SARASOTA FLA 34236-1803 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0906195 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NISBET, BRUCE L. 301 BIRD KEY DR. SARASOTA FL 34236 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete ☐ Change ☐ Addition TITLE TITLE HEROD, PAULA NAME NAME STREET ADDRESS STREET ADDRESS 1750 BEN FRANKLIN DR, #10-D CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete TITLE PD Change ☐ Addition TITLE SESSIONS, ROBERT E NAME NAME 565 SANCTUARY DR #A503 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ Longboat key FL 34228-3825 Change ☐ Addition Delete TITLE TITLE PERRY, WILBUR J NAME NAME STREET ADDRESS STREET ADDRESS 430 BIRD KEY DR CITY-ST-7IE CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition Change ☐ Delete TITLE BRUNSON, BEVAILE NAME STREET ADDRESS STREET ADDRESS 435 S GULFSTREAM AVE #1001 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Change Addition Delete TITLE Lord, Jack D. 375 Oak Hill Drive Sargsota, FL 34232 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME Chrisman, Ł STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachmer

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