

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90079 023 ****70.00

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DOCUMENT # 700185

1. Entity Name
BIRD KEY YACHT CLUB, INC.

Principal Place of Business
**301 BIRD KEY DRIVE
 SARASOTA FL 34236**

Mailing Address
**301 BIRD KEY DRIVE
 SARASOTA FL 34236**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-0906195** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

00017679



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**NISBET, BRUCE L.
 301 BIRD KEY DR.
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent
 Name **Robert B. Edwards**
 Street Address (P.O. Box Number is Not Acceptable)
301 Bird Key Drive
 City **Sarasota** FL Zip Code **34236**

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 *Robert Edwards* DATE **02/26/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

| | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SESSIONS, ROBERT E 565 SANCTUARY DR #A503 LONGBOAT KEY FL 34228-3825 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BRUNSON, BEVAILE 435 S GULFSTREAM AVE #1001 SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LORD, JACK D 375 OAK HILL DRIVE SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BOYER, CHRISMAN E 340 SOUTH PALM AVENUE #912 SARASOTA FL 34236 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KOVACIC, Charles L. 1591 Harbor Cay Lane Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Armitage, Sandra B. 555 South Gulfstream Ave #901 Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Powell, Jarno C. 4614 Trails Drive Sarasota, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 *E. Boyer Chrisman* DATE **02/26/01** (941) 953-4455
 Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #

CR2E037 (10/00)