FILED
Jun 02, 2003 8:00 am
Secretary of State
05-05-2003 91867 006 ****61.25

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

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DOCUMENT # 702047

1. Entity Name

ST. ANDREWS BAY YACHT CLUB, INC.

DO NOT WRITE IN THIS SPACE

55045450

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2. Principal Place of Business	3. Mailing Address
218 BUNKERS COVE RD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY, FL	City & State
Zip: 32401 Country: US	Zip Country

4. FEI Number: 59-0526027 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: WILLIAM B. STEINER, CPA
Street Address (P.O. Box Number is Not Acceptable): STEINER & COMPANY, PA
1714 W 23RD STREET, STE A
City: PANAMA CITY, FL Zip Code: 32405

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: William B Steiner 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	COMMODORE
NAME	ROBINSON, JAMES
STREET ADDRESS	106 N MARIE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	TREASURER
NAME	STEINER, WILLIAM
STREET ADDRESS	1714 W 23RD STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE D	Director
NAME	James Fyfe
STREET ADDRESS	632 Beachcomber Drive
CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE D	Director
NAME	Fred Keith
STREET ADDRESS	2308 Bell Circle
CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE D	Director
NAME	Jimmy Guthven, Sr
STREET ADDRESS	209 S. Cove Lane
CITY-ST-ZIP	Panama City FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William B Steiner 4/29/03 850-784-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #