

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702638

1. Entity Name

THE FLORIDA YACHT CLUB, INC.

Principal Place of Business

5210 YACHT CLUB ROAD
JACKSONVILLE FL 32210

Mailing Address

5210 YACHT CLUB ROAD
JACKSONVILLE FLA 32210-8326

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

59-0248800

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

O'STEEN, HAROLD S
4611 ORTEGA BOULEVARD
JACKSONVILLE FL 32210

Name

Duane D. Rowland

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

4705 Exeter Road

City

Jacksonville

FL

Zip Code
32210

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

Duane D. Rowland

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME ROWLAND, DUANE D.
STREET ADDRESS 4605 EXETER ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME E. Holt Graves
STREET ADDRESS 4437 Herschel Street
CITY-ST-ZIP Jacksonville, Florida 32210

TITLE D ☐ Delete
NAME LOCKWOOD, JOHN D
STREET ADDRESS 4324 SWEET GUM LANE
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE T ☐ Delete
NAME BEARD, WIRT A JR.
STREET ADDRESS 4741 ALGONQUIN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE D ☐ Delete
NAME CRABTREE, C. THOMAS
STREET ADDRESS 4375 GALILEO AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

E. Holt Graves REQUIRED

4-27-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE