

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90010 032 ****61.25

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 FL 32210**

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

**ROWLAND, DUANE D
 4705 EXETER RD
 JACKSONVILLE FL 32210**

Name **C. Thomas Crabtree**

Street Address (P.O. Box Number is Not Acceptable)
4375 Galileo Avenue

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

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 **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 **D** ☒ Change ☐ Addition
 NAME **Beard, Wirt A., Jr.**
 STREET ADDRESS **4741 Algonquin Ave.**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

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

TITLE ☐ Change ☒ Addition
 NAME **Francis M. Scheu**
 STREET ADDRESS **5307 Shorecrest Drive**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **D** ☐ Delete
 NAME **GRAVES, E. HOLT**
 STREET ADDRESS **4437 HERSCHEL ST**
 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:

SIGNATURE REQUIRED **Francis M. Scheu, Secretary**

5/19/01

CR2E037 (10/00)