

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702781

1. Entity Name

GULF HARBORS YACHT CLUB, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90147 044 ****70.00

Principal Place of Business

Mailing Address

3926 MARINE PARKWAY
NEW PORT RICHEY FL 34652

3926 MARINE PARKWAY
NEW PORT RICHEY FL 34652-3142

2. Principal Place of Business

3926 MARINE P/W

Suite, Apt. #, etc.

3. Mailing Address

3926 MARINE P/W

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State New Port Richey FL	City & State New Port Richey FL	4. FEI Number 59-1714051	Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip 34652	Country USA	Zip 34652	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BURCH, RONALD
5044 OYSTER COVE
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name
LEMON, JOHN E. SR.
Street Address (P.O. Box Number is Not Acceptable)
4051 PERRY PLACE
City
NEW PORT RICHEY, FL Zip Code
34652

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 4-24-2000
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KING, JOSEPH 4620 MITCHER RD NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMODORE JOHN E. LEMON SR. 4051 PERRY PLACE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BRUCH, RONALD 5044 OYSTER COVE NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MARY SO LANCIE 5648 ALTO AVE PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC MANLIO, FERDINAND 5441 WEST SHORE DR NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC BETTE FLYNN 1913 TUMBLEWEED DR. HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMON, JOHN 6520 PINE WALK DR NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER INGRID SCHUIER 4157 PERRY PL. NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMEDEMAN, THOMAS 4100 FLORAMAR TERK NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCE RICHARD SMOLEWSKI 4344 SAND OLLAR CT. NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANIK, ARDYTH 4441 GARNET DRIVE NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIRGINIA B. LEMON 4051 PERRY PLACE NEW PORT RICHEY, FL 34652	<input checked="" 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 DATE 4-27-2000 727-842-8408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR