

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90278 006 ****61.25

DOCUMENT # 702781

1. Entity Name

GULF HARBORS YACHT CLUB, INC.

Principal Place of Business

**3926 MARINE PARKWAY
 NEW PORT RICHEY FL 34652**

Mailing Address

**3926 MARINE PARKWAY
 NEW PORT RICHEY FL 34652**

616494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1714051**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**LEMON, JOHN E SR
 4051 PERRY PLACE
 NEW PORT RICHEY FL 34652**

Name

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

City

FL

Zip Code

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	C	<input checked="" type="checkbox"/> Delete
NAME	KING, JOSEPH	
STREET ADDRESS	4620 MITCHER RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BRUCH, RONALD	
STREET ADDRESS	5044 OYSTER COVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	RC	<input checked="" type="checkbox"/> Delete
NAME	MANLIO, FERDINAND	
STREET ADDRESS	5441 WEST SHORE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEMON, JOHN	
STREET ADDRESS	6520 PINE WALK DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMEDEMAN, THOMAS	
STREET ADDRESS	4100 FLORAMAR TERK	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JANIK, ARDYTH	
STREET ADDRESS	4441 GARNET DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMON JOHN SR.	
STREET ADDRESS	4051 Perry Pl	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOLANSKEY, RICHARD	
STREET ADDRESS	PHB 156, 94 38 US 19	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	RC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, BETTE	
STREET ADDRESS	1913 TURNER BLEWEE DR.	
CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, ALICE	
STREET ADDRESS	5509 MILBOTS PL.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, EVALINE	
STREET ADDRESS	4111 PERRY PL	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34662	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUCER, NERID	
STREET ADDRESS	4151 PERRY PL.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

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 of Registered Agent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

CR2E037 (10/00)