

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703135

1. Entity Name

THE ORMOND BEACH YACHT CLUB INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90054 014 ****61.25

Principal Place of Business

Mailing Address

63 N. BEACH ST.
ORMOND BEACH FL 32174-5601
US

P O BOX 731111
ORMOND BEACH FL 32173-1111
US

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

23-7190052

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

Name

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

City

FL

Zip Code

WILLIAMS, EARL
61 LINCOLN AVE.
ORMOND BEACH FL 32174

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	P	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, EARL	
STREET ADDRESS	61 LINCOLN AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SEVERANCE, GEORGE	
STREET ADDRESS	83 NEW BRITAIN AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BOHR, DENNIS	
STREET ADDRESS	10 PRARIE VIEW LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALFREDSON, PALE	
STREET ADDRESS	P O BOX 251295 N/A	
CITY-ST-ZIP	HOLLY HILL FL 32125	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANGLER, JAN	
STREET ADDRESS	174 S. RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, ANDY	
STREET ADDRESS	69 LORILLARD PL	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES RUPPEL	
STREET ADDRESS	542 SANDY OAKS BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARL WILLIAMS JR.	
STREET ADDRESS	234 CHEROKEE RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN CALLAHAN	
STREET ADDRESS	2887 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT THAMES	
STREET ADDRESS	16 FAIRVIEW AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

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:

Debra B. DeBorja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

(904) 441-8472

Date

Daytime Phone #

CR2E037 (9/99)