

DOCUMENT # 703135

1. Entity Name

THE ORMOND BEACH YACHT CLUB INC.

Principal Place of Business

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

Mailing Address

P O BOX 731111  
ORMOND BEACH FL 32173  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAMS, EARL  
61 LINCOLN AVE.  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

CALLAHAN, KEVIN

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

2887 JOHN ANDERSON DR.

City

ORMOND BEACH

FL

Zip Code

32176

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

KEVIN R. CALLAHAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-05-01

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

KEVIN R. CALLAHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-05-01

Daytime Phone #

904 441 8472



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7190052

☒ Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

CR2E037 (10/00)

00101