

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703515

1. Entity Name

YOUNG MENS CHRISTIAN ASSOCIATION OF FLORIDA'S EME

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90084 021 ****61.25

Principal Place of Business

1127 HOSPITAL ROAD
FT. WALTON BEACH FL 32547-6741

Mailing Address

362 NW BEAL PKWY
STE 201
FT. WALTON BEACH FL 32548-3926

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

59-0978077

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

CASASL, JOE
362 NW BEAL PKWY STE 201
FT. WALTON BEACH FL 32548

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 D ☒ Delete
NAME NABORS, JIM
STREET ADDRESS 17 LONGWOOD DR.
CITY-ST-ZIP SHALIMAR FL

TITLE VD ☐ Change ☒ Addition
NAME PERRI, DAN
STREET ADDRESS 73 LAKESHORE DRIVE
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE D ☐ Delete
NAME SHOFF, CHUCK
STREET ADDRESS 225 NATURE'S TRAIL
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE PD ☒ Change ☐ Addition
NAME SHOFF, CHUCK
STREET ADDRESS 225 NATURE'S TRAIL
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE VD ☒ Delete
NAME BURNS, MATT
STREET ADDRESS 528 PARK CT
CITY-ST-ZIP DESTIN FL

TITLE TD ☐ Change ☒ Addition
NAME MCGEE, JOHN
STREET ADDRESS 259 YACHT CLUB DRIVE NE
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE VD ☐ Delete
NAME RAPPAZINI, TOM
STREET ADDRESS 705 MAIN ST
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☒ Change ☐ Addition
NAME RAPPAZINI, TOM
STREET ADDRESS 705 MAIN ST
CITY-ST-ZIP DESTIN, FL 32541

TITLE SD ☒ Delete
NAME DUNLAP, JOY
STREET ADDRESS 415 FLMINGO DR
CITY-ST-ZIP DESTIN FL

TITLE SD ☐ Change ☒ Addition
NAME MAXSON, BILL
STREET ADDRESS 314 SHORELINE DRIVE
CITY-ST-ZIP FREEPORT, FL 32439

TITLE CEO ☐ Delete
NAME CASAL, JOE
STREET ADDRESS 1127 HOSPITAL ROAD
CITY-ST-ZIP FT. WALTON BCH. FL 32547

TITLE CEO ☒ Change ☐ Addition
NAME CASAL, JOE
STREET ADDRESS 362 N.W. BEAL SUITE 201
CITY-ST-ZIP FT WALTON BEACH, FL 32548

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:

NOTARIZATION REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH G. CASAL, CEO 4/4/2000 (850) 314-9622

Date

Daytime Phone #

CR2E037 (9/99)