

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711478

1. Entity Name

SAN JOSE YACHT CLUB, INC.

Principal Place of Business

7529 SAN JOSE BLVD.
JACKSONVILLE FL 32217

Mailing Address

7529 SAN JOSE BLVD.
JACKSONVILLE FL 32217-3524

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

59-0587258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOLTZ, FRANCIS N
8439 MIZNER CIR EAST
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name OSCAR H. BONNER

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

6340 MERCER CIR. E.

City JACKSONVILLE

FL

Zip Code
32217

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

OSCAR H. BONNER

Oscar H. Bonner

1/18/2000

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

TITLE TD
NAME CULP, JAMES D
STREET ADDRESS 3515 BEAUCLERC CIR N
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ Delete

TITLE TD
NAME SCHOLTZ, FRANCIS N
STREET ADDRESS 8439 MIZNER CIR E
CITY-ST-ZIP JACKSONVILLE FL 32217 ☒ Delete

TITLE ST
NAME COWNY, CAROLINE
STREET ADDRESS 6957 LAMESA DRIVE N
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE HAL RUSH
NAME 3724 RIVER HALL DR.
STREET ADDRESS JACKSONVILLE, FL 32217 ☒ Change ☐ Addition

TITLE OSCAR H. BONNER
NAME 6340 MERCER CIR. E.
STREET ADDRESS JACKSONVILLE, FL 32217 ☐ Change ☒ Addition

TITLE CAROLINE COWAN
NAME 6957 LAMESA DR. N.
STREET ADDRESS JACKSONVILLE, FL 32217 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

Oscar H. Bonner

1/18/2000 (904) 333-3630

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90076 011 ****61.25

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DO NOT WRITE IN THIS SPACE