

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90094 005 ****61.25

0014404

DOCUMENT # 711653

1. Entity Name

BOCA GRANDE YACHT CLUB, INC.



Principal Place of Business

C/O GASPARILLA INN
PALM & 5TH ST
BOCA GRANDE FL 33921

Mailing Address

P.O. BOX 1088
BOCA GRANDE FL 33921

2. Principal Place of Business

40 Peter M. Sieglaff
375 Park Ave, Suite #1
Boca Grande, FL

3. Mailing Address

PO BOX 1769
Suite, Apt. #, etc.

City & State

Boca Grande, FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33521

Country

USA

Zip

33521

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIDENSTICKER, STEVE
281 PARK AVE.
BOCA GRANDE FL 33921

7. Name and Address of New Registered Agent

Name **Peter M. Sieglaff**

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

375 Park Ave, Suite #1

City

Boca Grande

FL

Zip Code

33521

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Peter M. Sieglaff

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

(NOTE: Registered Agent signature required when reinstating)

8/4/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARP, BAYARD	
STREET ADDRESS	1700 17TH ST.	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, HENRY L	
STREET ADDRESS	DAMIFICARE STREET	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOYT, PETE	
STREET ADDRESS	7TH STREET	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SEIDENSTICKER, STEPHEN F	
STREET ADDRESS	500 PALM AVE	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. NIELSEN	
STREET ADDRESS	1764 JOSE GASPAR DR.	
CITY-ST-ZIP	BOCA GRANDE, FL 33521	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter M. Sieglaff	
STREET ADDRESS	375 Park Ave, Suite #1	
CITY-ST-ZIP	Boca Grande, FL 33521	
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:

Richard A. Nielsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/04/03

Daytime Phone #

941-904-0354

CR2E037 (4/03)