

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713116

1. Entity Name

SPORTSMAN'S YACHT AND SAILING CLUBS, INC.

Principal Place of Business

1401 SE 47TH ST
CAPE CORAL FL 33904

Mailing Address

1401 SE 47TH ST
CAPE CORAL FL 33904-9633

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

59-1461487

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

VETTER, GLADYS
4939 PELICAN BLVD
CAPE CORAL FL 33904

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	P	<input checked="" type="checkbox"/> Delete
NAME	SHUFF, WILLIAM D	
STREET ADDRESS	1300 S.E. 7TH ST #105	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KEIL, CLARENCE	
STREET ADDRESS	4419 N. BAY CIRCLE	
CITY-ST-ZIP	N. FT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	VETTER, WILLIAM	
STREET ADDRESS	4939 PELICAN BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VETTER, GLADYS	
STREET ADDRESS	4939 PELICAN BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIDD, EVELYN	
STREET ADDRESS	314 S.E. 33RD ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIDD, WILLIAM	
STREET ADDRESS	314 S.E. 33RD ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence W. Keil	
STREET ADDRESS	4419 N. Bay Circle	
CITY-ST-ZIP	Fort Myers, FL 33903	
TITLE	B. W. Twardy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2416 Everest Pky	
STREET ADDRESS	Cape Coral, FL 33904	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Boesler	
STREET ADDRESS	3211 S.E. 32nd Street	
CITY-ST-ZIP	Cape Coral, FL 33904	

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:

GLADYS VETTER REQUIRE

Gladys Vetter

5/28/00

941-549-5923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE