

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713640

1. Entity Name

YACHT HARBOR, INC.

Principal Place of Business

2500 GULF SHORE BLVD. NORTH
NAPLES FL 33940

Mailing Address

2500 GULF SHORE BLVD. NORTH
NAPLES FL 33940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CAVANAUGH, FRANCIS X
2500 GULF SHORE BOULEVARD NORTH
NAPLES FL 33940

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME BYERS, ROBERT
STREET ADDRESS 2500 GULF SHRS BLVD N
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ Delete
NAME RICHARDS, ALBERT
STREET ADDRESS 2500 GULF SHRS BLVD N
CITY-ST-ZIP NAPLES FL

TITLE TD ☐ Delete
NAME CAVANAUGH, FRANCIS X
STREET ADDRESS 2500 GULF SHRS BLVD N
CITY-ST-ZIP NAPLES FL

TITLE DS ☒ Delete
NAME CLAIN, FRANK
STREET ADDRESS 2500 GULF SHORE BLVD, NORTH
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ Delete
NAME DUNLEY, ROBERT
STREET ADDRESS 2500 GULF SHRS BLVD N
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME de Castro, Peggy
STREET ADDRESS 2500 GULF SHORE BLVD, NORTH
CITY-ST-ZIP NAPLES, FL

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

TITLE ☐ Change ☐ 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:

Francis X Cavanaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/01
Date

941-435-0635
Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90115 018 ****61.25

00041383



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1722222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)