

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90003 016 ****61.25
 01-27-2000 90087 007 ****61.25

DOCUMENT # 720454

1. Entity Name
ST. GEORGE ISLAND CIVIC CLUB, INC.

R

Principal Place of Business PINE STREET EAST P.O. BOX 451 EASTPOINT FL 32328 US	Mailing Address PINE STREET EAST P.O. BOX 451 EASTPOINT FL 32328 US
---	---



DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAN, MASON
573 E CORRIE DRIVE
ST GEORGE ISLAND FL 32328

7. Name and Address of New Registered Agent

Name **GARDNER, Bob**
 Street Address (P.O. Box Number is Not Acceptable)
1009 E. GULF Bch. DR.
 City **St. George Isl., FL** Zip Code **32328**

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 **GARDNER, Bob** *Bob Gardner* **8-11-2000**
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
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	CD BEAN, MASON 573 E CARRIE DR ST GEORGE ISLAND FL 32328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARP, BOB 2104 SEAHORSE LANE ST GEORGE ISLAND FL 32328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARDNER, BOB 1009 GULF BREEZE DRIVE ST GEORGE ISLAND FL 32328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOZTERRITER, MELISK 419 NO. SAWYER ST GEORGE ISLAND FL 32328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARPER, Bob 2104 SEAHORSE LANE St. George Isl., FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUYON, Bob 1740 TASMINE WAY St. George Isl., FL 32328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LATHAM, Sue SEC 1335 E. GULF Bch DR. St. George Isl., FL 32328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BEAN, MASON 573 E CARRIE DR. St. George Isl., FL 32328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O LATHAM, FRANK 1335 E. GULF Bch. DR St. George Isl., FL 32328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bob Gardner* **REQUIRED** **8-11-2000** **850-927-2306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP12E037 (5/00)