

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723069

1. Entity Name

FLOTILLA 87, INC.

Principal Place of Business

LEMON BAY PARK  
BAY PARK DR.  
ENGLEWOOD FL 34223

Mailing Address

FLOTILLA 87, INC.  
BOX 5239  
ENGLEWOOD FL 34224-0239  
US

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

59-0798538

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

CAHOW, JOHN C.  
7220 BRANDYWINE DRIVE  
ENGLEWOOD FL 34224

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

*John C. Cahow VP* JOHN C. CAHOW

April 17, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MECKENBERG, GERALD L	
STREET ADDRESS	7388 SNOW DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHATTANER, NEAL P.	
STREET ADDRESS	2065 MISSISSIPPI AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	RIENKS, JACK W	
STREET ADDRESS	1921 NEPTUNE DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAHOW, JOHN C.	
STREET ADDRESS	7220 BRANDYWINE DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, ARTHUR	
STREET ADDRESS	7234 MAMOUTH ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHMIDT, ROBERT W	
STREET ADDRESS	16 LONG MEADOW CT	
CITY-ST-ZIP	ROTONDA WEST FL	

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	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, ROBERT W.	
STREET ADDRESS	16 LONG MEADOW CT.	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNGBLOOD, DEBRA J.	
STREET ADDRESS	1531 PLACIDA RD. UNIT 1-204	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	

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:

*Neal P. Schattner* NEAL P. SCHATTNER April 17, 2000 941-4753416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90124 033 \*\*\*\*70.00