

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723069

1. Entity Name

LEMON BAY BOATERS, INC.

Principal Place of Business

LEMON BAY PARK  
BAY PARK DR.  
ENGLEWOOD FL 34223

Mailing Address

FLOTILLA 87, INC.  
BOX 5239  
ENGLEWOOD FL 34224-1428  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90130 042 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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

SCHAAF, ROBERT  
5230 KEMPSON LANE  
PORT CHARLOTTE FL 33981

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	P	SCCHAAF, ROBERT	<input type="checkbox"/> Delete
NAME		53230 KEMPSON LANE	
STREET ADDRESS		PORT CHARLOTTE FL 33981	
CITY-ST-ZIP			
TITLE	VP	CHANDLER, JAMES	<input type="checkbox"/> Delete
NAME		529 BOUNDARY BLVD	
STREET ADDRESS		ENGLEWOOD FL 34224	
CITY-ST-ZIP			
TITLE	SD	WHITE, RUTH ANN	<input type="checkbox"/> Delete
NAME		10512 EUSTON AVE	
STREET ADDRESS		ENGLEWOOD FL 34224	
CITY-ST-ZIP			
TITLE	TD	SEAGRASS, HARRY J	<input type="checkbox"/> Delete
NAME		5032 SEAGRASS DR	
STREET ADDRESS		VENICE FL 34293	
CITY-ST-ZIP			
TITLE	D	WILSON, ARTHUR	<input type="checkbox"/> Delete
NAME		7234 MAMOUTH ST	
STREET ADDRESS		ENGLEWOOD FL 34224	
CITY-ST-ZIP			
TITLE	T	BEYER, RICHARD	<input type="checkbox"/> Delete
NAME		571 BOUNDARY BLVD	
STREET ADDRESS		ROUNDABOUT WEST FL 33947	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	SCHAAF, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5230 KEMPSON LANE	
STREET ADDRESS		PORT CHARLOTTE, FL 33981	
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	TD	STEELE, HARRY J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5032 SEAGRASS DR.	
STREET ADDRESS		VENICE, FL 34293	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	BEYER, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		571 BOUNDARY BLVD.	
STREET ADDRESS		ROUNDABOUT WEST, FL 33947	
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT SCHAAF 01/24/02 811 697-9408

Date

Daytime Phone #

CR2E037 (9/01)