

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724824

1. Entity Name

TORTUGA CLUB, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90080 005 ****61.25

Principal Place of Business

Mailing Address

8730 MIDNIGHT PASS RD.
SARASOTA FL 34242
US

8730 MIDNIGHT PASS RD.
SARASOTA FL 34242-2894
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1655646

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NORTH, DAVID
8750 MIDNIGHT PASS RD 200C
SARASOTA FL 34242

Name **BILL MERRITT**

Street Address (P.O. Box Number is Not Acceptable)
8710 MIDNIGHT PASS RD. #101 B

City **SARASOTA**

FL

Zip Code
34242

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 **PD** ☒ Delete
NAME **NORTH, DAVID**
STREET ADDRESS **8750 MIDNIGHT PASS RD 200C**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **PD** ☒ Change ☐ Addition
NAME **BILL MERRITT**
STREET ADDRESS **8710 Midnight Pass Rd #101B**
CITY-ST-ZIP **Sarasota FL. 34242**

TITLE **D** ☐ Delete
NAME **HELPHENSTINE, JERRY**
STREET ADDRESS **8710 MIDNIGHT PASS RD #206C**
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **TD** ☐ Delete
NAME **PATTERSON, DAVE**
STREET ADDRESS **8730 MIDNIGHT PASS RD., #500A**
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **VD** ☐ Delete
NAME **MERRITT, BILL**
STREET ADDRESS **8710 MIDNIGHT PASS ROAD 101B**
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **D** ☒ Delete
NAME **NAPIER, NORMAN**
STREET ADDRESS **8750 MIDNIGHT PASS RD #502C**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Change ☒ Addition
NAME **MAURY KRAMER**
STREET ADDRESS **8710 Midnight Pass Rd #106B**
CITY-ST-ZIP **Sarasota, FL. 34242**

TITLE **SD** ☐ Delete
NAME **KARAM, JANET**
STREET ADDRESS **8730 MIDNIGHT PASS ROAD 302A**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **VD** ☒ 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: 

BILL MERRITT 1/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)