

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90034 006 ****61.25

007634

DOCUMENT # 724824

1. Entity Name

TORTUGA CLUB, INC.

Principal Place of Business

**8730 MIDNIGHT PASS RD.
 SARASOTA FL 34242
 US**

Mailing Address

**8730 MIDNIGHT PASS RD.
 SARASOTA FL 34242
 US**

300330



DO NOT WRITE IN THIS SPACE

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

**MERRITT, BILL
 8710 MIDNIGHT PASS RD 101B
 SARASOTA FL 34242**

Name **KRAMER, MAURY**

Street Address (R.F.D. Box Numbers Not Acceptable) **8710 MIDNIGHT PASS RD. 106B**

SARASOTA

City

FL

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 **MERRITT, BILL**
 STREET ADDRESS **8710 MIDNIGHT PASS RD 101B**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P** ☒ Change ☐ Addition
 NAME **KRAMER, MAURY**
 STREET ADDRESS **8710 MIDNIGHT PASS RD**
 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 **D** ☐ 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 **D** ☐ Change ☒ Addition
 NAME **KELLY, JOAN**
 STREET ADDRESS **8750 MIDNIGHT PASS RD. 405C**
 CITY-ST-ZIP **SARASOTA, FL. 34242**

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

TITLE **V** ☐ Change ☒ Addition
 NAME **WILLIAMS, ART**
 STREET ADDRESS **8750 MIDNIGHT PASS RD. 406c**
 CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE **D** ☒ Delete
 NAME **KRAMER, MAURY**
 STREET ADDRESS **8710 MIDNIGHT PASS RD 106B**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Change ☒ Addition
 NAME **LOTZ, BOB**
 STREET ADDRESS **8730 MIDNIGHT PASS RD. 300A**
 CITY-ST-ZIP

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

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:

Maury Kramer
MAURY KRAMER PRES.

349 6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)