

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90013 034 ****61.25

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**

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

**KRAMER, MAURY
 8710 MIDNIGHT PASS RD 106B
 SARASOTA FL 34242**

Name

BILL MERRITT

Street Address (P.O. Box Number is Not Ascertainable)

8710 MIDNIGHT PASS RD UNIT 101B

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

BILL MERRITT

Signature, typed or printed name of registered agent and title (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 **P** ☒ Delete
 NAME **KRAMER, MAURY**
 STREET ADDRESS **8750 MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P** ☐ Change ☒ Addition
 NAME **BILL MERRITT**
 STREET ADDRESS **8710 Midnight Pass Rd Unit 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 **D** ☐ Delete
 NAME **KELLY, JOAN**
 STREET ADDRESS **8750 MIDNIGHT PASS RD. 406C**
 CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **D** ☐ Delete
 NAME **LOTZ, BOB**
 STREET ADDRESS **8730 MIDNIGHT PASS RD. 300A**
 CITY-ST-ZIP **SARASOTA FL 34242**

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

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

TITLE **SD** ☐ Change ☒ Addition
 NAME **BOB MAREAN**
 STREET ADDRESS **8750 Midnight Pass Rd unit 502C**
 CITY-ST-ZIP **Sarasota FL 34242**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/02 (941) 349-6776

CR2E037 (9/01)