

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726998

Entity Name

YANKEETOWN MARINE TRAINING AND RESCUE GROUP, INC

Principal Place of Business

CANTERBURY RD  
BOX 40  
FL 34449

Mailing Address

P.O. BOX 40  
INGLIS FL 34449-0040  
US

Principal Place of Business

8 PALM DR

Suite, Apt. #, etc.

3. Mailing Address

8 PALM DR

Suite, Apt. #, etc.

City & State

YANKEETOWN, FL

Zip  
34498

Country

USA

City & State

YANKEETOWN, FL

Zip  
34498

Country

USA

4. FEI Number

59-2636700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, THOMAS F  
85 CANTERBURY RD  
FL 34449

7. Name and Address of New Registered Agent

Name EMERSON, BRANDT

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

8 PALM DR.

City YANKEETOWN

FL

Zip Code

34498

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
BRANDT EMERSON - TREASURER 2/9/00

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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD KENNEDY, MARY E SUITE 48 64TH ST YANKEETOWN FL 34498	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REID, SHARON 31 S. SCHOOL CRAFT DR. INGLIS, FL 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SHANAHAN, THOMAS LT 89 JERRY ST. INGLIS FL 34449	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHEER, DIANE 20 67th ST. YANKEETOWN, FL 34498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS BARKER, BARBARA 9080 SW 213 TERR RD DUNNELLON FL 34431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EMERSON, BRANDT 8 PALM DR. YANKEETOWN, FL 34498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DT THOMPSON, THOMAS F 85 CANTERBURY RD INGLIS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHANAHAN, DARRELL 89 JERRY ST. INGLIS, FL 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D DUFFY, THOMAS J 11240 NORTHWOODS DRIVE INGLIS FL 34449	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPION, WILLIAM 2650 N. CAMMANCHE PT. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BRANDT EMERSON 2/9/00 352 447-3001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #