

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90141 032 ****61.25

DOCUMENT # 730223

1. Entity Name

SOUNDINGS YACHT AND TENNIS CLUB, INC.

Principal Place of Business

Mailing Address

10301 S.E. SOUNDINGS DRIVE CLUBHOUSE
 P.O. BOX 1790
 HOBE SOUND FL 33475-1790

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 P.O. BOX 1790
 HOBE SOUND FL 33475-1790

2. Principal Place of Business

3. Mailing Address

PO Box 1790

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1651162

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GLORIA
 10421 SE SOUNDINGS DR
 HOBE SOUND FL 33455

Name: **BARLOW, HERBERT TB**

Street Address (P.O. Box Number is Not Acceptable)
8864 SE PELICAN ISLAND WAY

City **HOBE SOUND FL** Zip Code **33455**

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 NAME	T. BARLOW, HERBERT B <input type="checkbox"/> Delete
STREET ADDRESS	8864 SE PELICAN ISLAND WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE NAME	S STEELE, WILLIAM <input type="checkbox"/> Delete
STREET ADDRESS	8631 SE SOUNDINGS PL
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE NAME	VP ESPOSITO, FRANK <input type="checkbox"/> Delete
STREET ADDRESS	8554 SE SEAGRAPE WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE NAME	P SMITH, GLORIA <input type="checkbox"/> Delete
STREET ADDRESS	10421 SE SOUNOWGS DR
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE NAME	D NOZNESKY, DAVID <input type="checkbox"/> Delete
STREET ADDRESS	9024 SE PELICAN ISLAND WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE NAME	D HARRIS, JEFFREY H <input type="checkbox"/> Delete
STREET ADDRESS	9167 SE STAR ISLAND WAY
CITY-ST-ZIP	HOBE SOUND FL 33455

TITLE NAME	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	VP ROBERT BEAULIEU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9086 SE HARBOR ISLAND WAY
CITY-ST-ZIP	HOBE SOUND, FL 33455

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACQUIRED

1-31-00

Date

Daytime Phone #

CR2E037 (9/99)