2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
03-23-2000 90008 022 ****61.25

DOCUMENT # 734984

1. Entity Name

HOMOSASSA SAFE BOATING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 547 HOMOSASSA FL 34487-0547 US	P.O. BOX 547 HOMOSASSA FL 34487-0547 US

2. Principal Place of Business	3. Mailing Address
P.O. BOX 3894	P.O. BOX 3894
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMOSASSA SPRINGS	City & State: HOMOSASSA SPGS, FL
Zip: 34447 / Country: USA	Zip: 34447 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2466084 — ☐ Applied For ☐ Not Applicable

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
PIERCE, RODNEY J 11826 W. WATERWAY DR HOMOSASSA FL 34448	Name: JONES, HARRY W. Street Address (P.O. Box Number is Not Acceptable): 6667 S. PREMIERE AVE City: HOMOSASSA FL Zip Code: 34446

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: HARRY W. JONES, SEC. — Harry W Jones — 3-21-00

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	TD	☐ Delete	TITLE: D	☒ Change ☐ Addition
NAME	ALGEO, JOHN B		NAME	
STREET ADDRESS	5270 S RIVERVIEW CIR		STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34448		CITY-ST-ZIP	
TITLE	SD	☒ Delete	TITLE: SD	☐ Change ☒ Addition
NAME	PIERCE, RODNEY J		NAME: JONES HARRY W.	
STREET ADDRESS	11826 W WATERWAY DR		STREET ADDRESS: 6667 S. PREMIERE AVE	
CITY-ST-ZIP	HOMOSASSA FL 34448		CITY-ST-ZIP: HOMOSASSA, FL 34446	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOQUIN, NAPOLEON P		NAME	
STREET ADDRESS	7115 W MATADOR LN		STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446		CITY-ST-ZIP	
TITLE	VD	☒ Delete	TITLE: VD	☐ Change ☒ Addition
NAME	PANARISI, DOMINIC A		NAME	
STREET ADDRESS	1259 S. BROOKFIELD DR		STREET ADDRESS: 12070 W. BROADJUMP CT	
CITY-ST-ZIP	LECANTO FL 34461		CITY-ST-ZIP: HOMOSASSA, FL 34448	
TITLE	D	☒ Delete	TITLE: TD	☐ Change ☒ Addition
NAME	PALIUCA, CHARLES		NAME: WRIGHTSON, DIRK	
STREET ADDRESS	106 BYRSONIMA CIR		STREET ADDRESS: 141 N. ROSEBUSH PT	
CITY-ST-ZIP	HOMOSASSA FL 34446		CITY-ST-ZIP: LECANTO, FL 34461	
TITLE	PD	☒ Delete	TITLE: PD	☐ Change ☒ Addition
NAME	SHEARIN, LARRY E.		NAME: COOPER, HARRY	
STREET ADDRESS	8 PLUM COURT		STREET ADDRESS: 6885 N BEECHNUT LP	
CITY-ST-ZIP	HOMOSASSA FL 34448		CITY-ST-ZIP: HERNANDO, FL 34442	

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: Dirk Wrightson — SIGNATURE REQUIRED — DIRK WRIGHTSON — 3/12/00 — 352/302-0148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)

04184
(11) D
CLARK, CLIFFORD
7175 E APRIL ST.
FLORAL CITY, FL 34436

☒ Addition

Attachment
BW14029