

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734984

1. Entity Name

HOMOSASSA SAFE BOATING, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90008 022 ****61.25

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

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Make Check Payable to
Department of State

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME ALGEO, JOHN B
STREET ADDRESS 5270 S RIVERVIEW CIR
CITY-ST-ZIP HOMOSASSA FL 34448 ☐ Delete

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

TITLE SD
NAME PIERCE, RODNEY J
STREET ADDRESS 11826 W WATERWAY DR
CITY-ST-ZIP HOMOSASSA FL 34448 ☒ Delete

TITLE SD
NAME JONES, HARRY W.
STREET ADDRESS 6667 S. PREMIERE AVE
CITY-ST-ZIP HOMOSASSA, FL 34446 ☐ Change ☒ Addition

TITLE D
NAME MOQUIN, NAPOLEON P
STREET ADDRESS 7115 W MATADOR LN
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Delete

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

TITLE VD
NAME PANARISI, DOMINIC A
STREET ADDRESS 1259 S. BROOKFIELD DR
CITY-ST-ZIP LECANTO FL 34461 ☒ Delete

TITLE VD
NAME
STREET ADDRESS 12070 W. BROADJUMP CT
CITY-ST-ZIP HOMOSASSA, FL 34448 ☐ Change ☒ Addition

TITLE D
NAME PALIUCA, CHARLES
STREET ADDRESS 106 BYRSONIMA CIR
CITY-ST-ZIP HOMOSASSA FL 34446 ☒ Delete

TITLE TD
NAME WRIGHTSON, DIRK
STREET ADDRESS 141 N. ROSEBUSH PT
CITY-ST-ZIP LECANTO, FL 34461 ☐ Change ☒ Addition

TITLE PD
NAME SHEARIN, LARRY E.
STREET ADDRESS 8 PLUM COURT
CITY-ST-ZIP HOMOSASSA FL 34448 ☒ Delete

TITLE PD
NAME COOPER, HARRY
STREET ADDRESS 6885 N. BEECHNUT LP
CITY-ST-ZIP HERNANDO, FL 34442 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/00

Date

352/302-0148

Daytime Phone #

CR2E037 (9/99)

04184

(11) D

CLARK, CLIFFORD

7175 E APRIL ST.

FLORAL CITY, FL 34436

☒ Addition

Attachment
BW4029