

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734984

1. Entity Name

HOMOSASSA SAFE BOATING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90249 050 ****61.25

2418/00

Principal Place of Business

P O BOX 3894
HOMOSASSA SPRINGS FL 34447
US

Mailing Address

P O BOX 3894
HOMOSASSA SPRINGS FL 34447
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

JONES, HARRY W
6667 S PREMIERE AVE
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

| | | |
|----------------|----------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALGEO, JOHN B | |
| STREET ADDRESS | 5270 S RIVERVIEW CIR | |
| CITY-ST-ZIP | HOMOSASSA FL 34448 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JONES, HARRY W | |
| STREET ADDRESS | 6667 S PREMIERE AVE | |
| CITY-ST-ZIP | HOMOSASSA FL 34446 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MOQUIN, NAPOLEON P | |
| STREET ADDRESS | 7115 W MATADOR LN | |
| CITY-ST-ZIP | HOMOSASSA FL 34446 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | PANARISI, DOMINIC A | |
| STREET ADDRESS | 12070 W BROADJUMP CT | |
| CITY-ST-ZIP | HOMOSASSA FL 34448 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WRIGHTSON, DIRK | |
| STREET ADDRESS | 141 N ROSEBUSH PT | |
| CITY-ST-ZIP | LECANTO FL 34461 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | COOPER, HARRY | |
| STREET ADDRESS | 6835 N BEECHNUT LP | |
| CITY-ST-ZIP | HERNANDO FL 34442 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Edward LEWICK | |
| STREET ADDRESS | 1 POPLAR COURT | |
| CITY-ST-ZIP | HOMOSASSA, FL 34446 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAYMOND G. ROYAL | |
| STREET ADDRESS | 31 WILD OLIVE CT | |
| CITY-ST-ZIP | HOMOSASSA, FL 34446 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LINDA C. JONES | |
| STREET ADDRESS | 6667 S. PREMIERE AVE. | |
| CITY-ST-ZIP | HOMOSASSA, FL 34446 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

Date

Daytime Phone #

CR2E037 (10/00)