

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90931 008 ****61.25

0087229

DOCUMENT # 734984

1. Entity Name

HOMOSASSA SAFE BOATING, INC.

Principal Place of Business

Mailing Address

P O BOX 3894
HOMOSASSA SPRINGS FL 34447
US

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

7. Name and Address of New Registered Agent

JONES, HARRY W
6667 S PREMIERE AVE
HOMOSASSA FL 34446

Name BERG, SARA

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

3929 N. MONADNOCH RD

City HERNANDO

FL

Zip Code 34442

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 SARA BERG

Sara Berg

3/24/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	ALGEO, JOHN B	
STREET ADDRESS	5270 S RIVERVIEW CIR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JONES, HARRY W	
STREET ADDRESS	6667 S PREMIERE AVE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWICKE, EDWARD	
STREET ADDRESS	1 POPLAR COURT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROYAL, RAYMOND G	
STREET ADDRESS	21 WILD OLIVE COURT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WRIGHTSON, DIRK	
STREET ADDRESS	141 N ROSEBUSH PT	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COOPER, HARRY	
STREET ADDRESS	6835 N BEECHNUT LP	
CITY-ST-ZIP	HERNANDO FL 34442	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, LINDA	
STREET ADDRESS	6667 S. PREMIERE AVE	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Harry W.	
STREET ADDRESS	6667 S. PREMIERE AVE	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL, NOREEN	
STREET ADDRESS	6174 E. PLUM ST.	
CITY-ST-ZIP	INVERNESS, FL 34152	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERG, SARA	
STREET ADDRESS	3929 N. MONADNOCH RD	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, MATTHEW	
STREET ADDRESS	14 BUCKEYE CT	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE		<input type="checkbox"/> Change <input checked="" 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:

SARA BERG

3/24/02

(352) 341-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)