

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735669

1. Entity Name

BAY ISLES HARBOR ASSOCIATION, INC.

Principal Place of Business

2262 GULF GATE DRIVE
SARASOTA FL 34231

Mailing Address

2262 GULF GATE DRIVE
SARASOTA FL 34231

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 59-1685117

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

JURGENS, RON
1560 HARBOR SOUND DR.
LONGBOAT KEY FL 34228

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 Ron Jurgens

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 STREET ADDRESS CITY-ST-ZIP	PD JURGENS, RON 1560 HARBOR SOUND DR. LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP ALBIEZ, ROBERT 520 HARBOR COVE CIRCLE LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FANGMEYER, DANIEL 1621 HARBOR CAY LANE LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATSON, MARTIN 531 HARBOR GATE WAY LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOTARI, TERRY 1600 HARBOR CAY LANE LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90161 032 ****61.25

908463



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)