

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738511

1. Entity Name

SEA PINES CRUISE AND FISHING CLUB, INC.

Principal Place of Business

7817 GULFWAY  
HUDSON FL 34667-4004

Mailing Address

7817 GULFWAY  
HUDSON FL 34667-4004

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

59-1727367

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

NUZZO, MARK  
7518 YACHTSMAN DR.  
HUDSON FL 34667

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CSD ☐ Delete  
NAME REED, KAY  
STREET ADDRESS 7502 YACHTSMAN DR.  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE CD ☐ Delete  
NAME NUZZO, MARK  
STREET ADDRESS 7518 YACHTSMAN DR.  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE VCD ☐ Delete  
NAME REED, ERNEST  
STREET ADDRESS 7502 YACHTSMAN DR.  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE TD ☐ Delete  
NAME WARNER, CATHERINE  
STREET ADDRESS 7422 YACHTSMAN DR  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE SD ☐ Delete  
NAME FARRELL, JUDY  
STREET ADDRESS 6905 SOUTHWIND DR.  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE RCD ☐ Delete  
NAME FARRELL, JACK  
STREET ADDRESS 6905 SOUTHWIND DR  
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Change ☐ 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: *Mark Nuzzo* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90108 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE