2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90005 036 ****61.25

DOCUMENT # 739104

1. Entity Name

THE DAYTONA BEACH BOAT CLUB, INC.

Principal Place of Business	Mailing Address
405 SOUTH BEACN STREET DAYTONA BEACH FL 32114	~~P. O. BOX 1021~~ ~~DAYTONA BEACH FL 32115~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3386 JOHN ANDERSON DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORMOND BEACH, FL
Zip / Country	Zip: 32176 / Country: US.

4. FEI Number: 59-2835499 ☐ 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
FUNK, LAWRENCE F 3386 JOHN ANDERSON DR ORMOND BEACH FL 32176	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: LAWRENCE F. FUNK Lawrence F. Funk 2-11-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THALHEIMER, JIM 203 COUNTRY CLUB DRIVE ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COLUBIALE, GERI CHOCTAW TRAIL ORMOND BEACH FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GARY ZIMMERMAN 3636 ARAN CIRCLE ORMOND Beach, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FUNK, LAWRENCE F 3386 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FUNK, JANE A 3386 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CALABRO, JOHN 1659 EASTERN RD. S. DAYTONA FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERT GREY 874 MOONLUSTER DR CASSEL BERRY, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAUDT, KEITH 313 RIO PINAR DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 LAWRENCE F FUNK 2-11-02 386-441-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #