2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90205 020 ****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	3386 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 1021 Suite, Apt. #, etc.
City & State	City & State: DAYTONA BEACH, FL
Zip / Country	Zip: 32115 / Country: Volusia

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: TRUDY WILLIAMSON Street Address (P.O. Box Number is Not Acceptable): 128 CYPRESS POND RD City: PORT ORANGE FL Zip Code: 32128

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Trudy Williamson — 4-15-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GILL, ROBERT ~~1222 MIDWAY BLVD.~~ 2130 Kumquat Dr ~~DAYTONA BEACH FL 32114~~ EDGEWATER FL 32141	☐ Delete	VPD JAMES THALHEIMER 203 COUNTRY CLUB DR ORMOND BEACH, FL 32176	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZIMMERMAN, GARY 3636 ARAN CIRCLE ORMOND BEACH FL 32174	☑ Delete	SD 1 Doris KLINDT 809 MOCKINGBIRD DR PORT ORANGE, FL 32127	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FUNK, LAWRENCE F 3386 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	☑ Delete	D MEG GREY 874 MOONLUSTER DRIVE CASSLEBERRY. FL 32707	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FUNK, JANE A 3386 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	☑ Delete	TD TRUDY WILLIAMSON 128 CYPRESS POND RD PORT ORANGE, FL 32128	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREY, ROBERT 874 MOONLUSTER DRIVE CASSELBERRY FL 32707	☐ Delete	D LEO KUBINSKI 413 HIGHTOWER DR DEBARY, FL 32713	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAUDT, KEITH 313 RIO PINAR DR ORMOND BEACH FL 32174	☐ Delete	D FRANCIS KLINDT 809 MOCKINGBIRD DR PORT ORANGE, FL 32127	☐ Change	☑ Addition

CR2E037 (10/02)

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: Trudy Williamson SIGNATURE REQUIRED (TRUDY WILLIAMSON) TREASURER 4-15-03 386-761-1621