

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

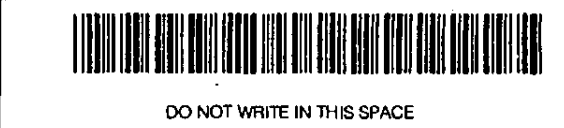
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DOCUMENT # 740735
 1. Entity Name
YACHT CLUB ESTATES CIVIC ASSOCIATION OF ST. PETE

Principal Place of Business Mailing Address
 1216 79TH ST S 1216 79TH ST S
 SAINT PETERSBURG FL 33707 SAINT PETERSBURG FL 33707
 US US

2. Principal Place of Business 3. Mailing Address
7875- 9th Ave. So. **7875- 9th Ave. So.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Petersburg, FL **St. Petersburg, Florida**
 Zip Zip Country Country
33707 **33707** **Pinellas** **Pinellas**



4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAMUELS, SCOTT
1216 79TH ST S
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent
 Name: **Jim Weins**
 Street Address (P.O. Box Number is Not Acceptable):
7875- 9th Ave. So.
 City: **St. Petersburg** FL Zip Code: **33707**

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: *James F. Weins* President YCB Civic Assn. 2.20.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 SAMUELS, SCOTT 1216 79TH ST S ST. PETERSBURG FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President Jim Weins 7875- 9th Ave. So. St. Petersburg, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAHTER, WILLIAM R 1074 79TH ST S ST PETERSBURG FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V-President Ed. Holtz 1094- 10th Ave. So. St. Petersburg, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, PATRICIA 7909 9TH AVE. S. ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer Donna Thompson 8037- 12 Ave. So. St. Petersburg, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KANE, SHIRLEY 7957 10TH AVE S ST PETERSBURG FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary Patricia Hughes 7909- 9th Ave. So St. Petersburg, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Asst. V. President William Waters 7998- 11th Ave. So St. Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donna Thompson* Donna Thompson 2/14/01 327-347-4070
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)