

2000 UNIFORM BUSINESS REPORT (UBR)

5/7.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-07-2000 90024 030 ****61.25

DOCUMENT # 750423

1. Entity Name

WINDJAMMER YACHT CLUB, INC.

Principal Place of Business

CLUBHOUSE
1850 PALM CITY ROAD
STUART FL 34994

Mailing Address

CLUBHOUSE
1850 PALM CITY ROAD
STUART FL 34994-7205

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

59-1960126

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

HANNAN
HANNAN, JOHN
1850 PALM CITY RD
APT. P-103
STUART FL 34994

Name **DIANE MARTIN**

Street Address (P.O. Box Number is Not Acceptable)
1850 PALM CITY RD WP104

City **STUART,**

FL

Zip Code
34994

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 DIANE MARTIN **DIANE MARTIN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-23-00

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 **PD** ☒ Delete
 NAME **MILLER, RICHARD**
 STREET ADDRESS **1850 PALM CITY RD L 104**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **COMMODORE PD** ☐ Change ☒ Addition
 NAME **FRED FOX**
 STREET ADDRESS **1850 PALM CITY RD, BAZDI,**
 CITY-ST-ZIP **STUART, FLA 34994**

TITLE **SD** ☒ Delete
 NAME **BRENNAN, GINGER**
 STREET ADDRESS **1850 PALM CITY RD, BM301**
 CITY-ST-ZIP **STUART FL**

TITLE **VICE COMMODORE T** ☐ Change ☒ Addition
 NAME **DONALD JORGENSEN**
 STREET ADDRESS **1850 PALM CITY RD, C5201,**
 CITY-ST-ZIP **STUART, FLA 34994**

TITLE **TD** ☒ Delete
 NAME **MULLER, KARL**
 STREET ADDRESS **1850 PALM CITY RD C S 104**
 CITY-ST-ZIP **STUART FL**

TITLE **TREASURER TD** ☐ Change ☒ Addition
 NAME **SUSAN THORNHAM**
 STREET ADDRESS **1850 PALM CITY RD, WP205,**
 CITY-ST-ZIP **STUART, FLA 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER TD** ☐ Change ☒ Addition
 NAME **DIANE MARTIN**
 STREET ADDRESS **1850 PALM CITY RD, WP104,**
 CITY-ST-ZIP **STUART, FLA 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY SD** ☐ Change ☒ Addition
 NAME **GAIL WILLOUGHBY**
 STREET ADDRESS **1850 PALM CITY RD, 5E102.**
 CITY-ST-ZIP **STUART, FLA 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **FLEET CAPTAIN T** ☐ Change ☒ Addition
 NAME **JOHN HANNAN,**
 STREET ADDRESS **1850 PALM CITY RD, PA103,**
 CITY-ST-ZIP **STUART, FLA 34994**

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

APRIL 24/00 561-286-5364

Date

Daytime Phone #

CR2E037 (9/99)