

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90158 050 ****61.25

80004901



DO NOT WRITE IN THIS SPACE

DOCUMENT # 756514

1. Entity Name

TAVARES BOATING CLUB, INC.

Principal Place of Business

Mailing Address

1805 TWEED TERRACE
 LEESBURG FL 34788

1805 TWEED TERRACE
~~2933 MYAKKA RIVER RD~~
 LEESBURG FL 34788-7691
 US

2. Principal Place of Business

1805 TWEED TERRACE

Suite, Apt. #, etc.

3. Mailing Address

1805 TWEED TERR.

Suite, Apt. #, etc.

City & State

LEESBURG FL.

City & State

LEESBURG FL

4. FEI Number

59-2366949

Applied For

Not Applicable

Zip

34788

Country

U.S.A

Zip

34788

Country

U.S.A

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ALFORD, WILLIS
1676 NASSAU CIRCLE
TAVARES FL 32778

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:
FEES 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	PD YOUNGBLOOD, CHARLES 1805 TWEED TERR. LEESBURG FL 34778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAHNKEN, MARILYN 2933 MYAKKA RIVER RD. TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODKIN, SAUL 7345 HARBORVIEW DR. LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARMELEE, EDIE 2805 WEKIVA RD. TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNGBLOOD, DELORES 1805 TWEED TERR. LEESBURG FL 34778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, ROBERT 1679 NASSAU CIR. TAVARES FL 32778	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT BILL P.O. BOX 100 TAVARES FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARPE CAROLYN 32031 LAKE DR TAVARES FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *DELORES YOUNGBLOOD* *DeLores M. Youngblood* **1-14-00 352-343-5250**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)