

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90027 034 ****61.25

DOCUMENT # 756514

1. Entity Name

TAVARES BOATING CLUB, INC.

Principal Place of Business

Mailing Address

1805 TWEED TERRACE
LEESBURG FL 34788

1805 TWEED TERRACE
LEESBURG FL 34788
US

2. Principal Place of Business

3. Mailing Address

3323 MANATEE RD

3323 MANATEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

4. FEI Number

59-2366949

Applied For

Not Applicable

Zip

Country

32778

US

Zip

Country

32778

US

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

ALFORD, WILLIS
1676 NASSAU CIRCLE
TAVARES FL 32778

Name

LOIS M. OELKE

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

3323 MANATEE RD

City

TAVARES

FL

Zip Code

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: 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 YOUNGBLOOD, CHARLES
STREET ADDRESS 1805 TWEED TERR.
CITY-ST-ZIP LEESBURG FL 34778

TITLE PD ☒ Change ☐ Addition
NAME MAHNKEN, MARILYN
STREET ADDRESS 35219 SO. HAINES CREEK RD
CITY-ST-ZIP LEESBURG, FL 34788

TITLE VD ☒ Delete
NAME MAHNKEN, MARILYN
STREET ADDRESS 2933 MYAKKA RIVER RD.
CITY-ST-ZIP TAVARES FL 32778

TITLE VD ☒ Change ☐ Addition
NAME OELKE, LLOYD
STREET ADDRESS 3323 MANATEE RD
CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☒ Delete
NAME BILL, BURT
STREET ADDRESS PO BOX 100
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☒ Change ☐ Addition
NAME VICTOR, BILL
STREET ADDRESS 2411 GREEN LAWN CT.
CITY-ST-ZIP LEESBURG, FL 34788

TITLE SD ☒ Delete
NAME SHARPE, CAROLYN
STREET ADDRESS 32031 LAKE DR
CITY-ST-ZIP TAVARES FL 32778

TITLE SD ☒ Change ☐ Addition
NAME THERRIEN, AGGIE
STREET ADDRESS 12443 BLUE HERON WAY
CITY-ST-ZIP LEESBURG, FL 34788

TITLE TD ☒ Delete
NAME YOUNGBLOOD, DELORES
STREET ADDRESS 1805 TWEED TERR.
CITY-ST-ZIP LEESBURG FL 34778

TITLE TD ☒ Change ☐ Addition
NAME OELKE, LOIS
STREET ADDRESS 3323 MANATEE RD
CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☒ Delete
NAME HOLTON, ROBERT
STREET ADDRESS 1679 NASSAU CIR.
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☒ Change ☐ Addition
NAME YOUNGBLOOD, CHARLES
STREET ADDRESS 1805 TWEED TERR.
CITY-ST-ZIP LEESBURG, FL 34778

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)