

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758654

1. Entity Name

YACHT & RACQUET CLUB OWNERS ASSOCIATION II, INC.

Principal Place of Business

Mailing Address

200 MADONNA BLVD.  
ST PETERSBURG FL 33715

200 MADONNA BLVD.  
ST PETERSBURG FL 33715-1735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EASTMAN, JOAN  
200 MADONNA BLVD.  
TIERRA VERDE FL 33715

Name

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

City

FL

Zip Code

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 YINGST, PAUL  
STREET ADDRESS 200 MADONNA BLVD  
CITY-ST-ZIP TIERRA VERDE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME QUINN, RICHARD  
STREET ADDRESS 200 MADONNA BLVD  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COWELL, RONALD  
STREET ADDRESS 209 MADONNA BLVD  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DUTTON, RICHARD  
STREET ADDRESS 200 MADONNA BLVD  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME CROSSON, PERRY  
STREET ADDRESS 200 MADONNA BLVD  
CITY-ST-ZIP TIERRA VERDE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

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

04-20-2000 90166 001 \*\*\*163.82

04-20-2000 90166 002 \*\*\*134.93



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2266994

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

CR2E037 (9/99)