

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759572
1. Entity Name TOYOPEKALIGA YACHT CLUB, INC

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90034 044 ****61.25

Principal Place of Business Mailing Address
102 LAKE SHORE BLVD P.O. BOX 420524

B0102104

2. Principal Place of Business 3. Mailing Address
P.O. BOX 420524

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KISSIMMEE FL 34742 KISSIMMEE FL

Zip Country Zip Country
34742 USA 34742 U.S.A.

DO NOT WRITE IN THIS SPACE
59-2523285

4. FEI Number Applied For
59-05-011213-61 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
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 Helene C. Callaway TREASURER DATE May 14-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PERRY MILLER		STREET ADDRESS	108 HARDWOOD CIR	
CITY-ST-ZIP	102 BEAR LAKE CRT KISSIMMEE FL 34743		CITY-ST-ZIP	KISSIMMEE FLA 34744	
TITLE	VICE COMMANDER	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT WHIDDEN		NAME	CHARLIE QUACKENBUSH	
STREET ADDRESS	2336 PEPPERTREE CT		STREET ADDRESS	1382 PLAISANT HILL	
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN WHISHART		NAME	JOHN WISHART	
STREET ADDRESS	1560 CYPRESS WOODS CR		STREET ADDRESS	1560 CYPRESS WOODS CR	
CITY-ST-ZIP	ST-CLOUD FL 34772		CITY-ST-ZIP	ST-CLOUD FL 34772	
TITLE	TREASURER	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELENE CALLAWAY		NAME	JERRY LAPIDO	
STREET ADDRESS	2500 CYPRESS LANE		STREET ADDRESS	2553 OAK HOLLOW DR	
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	PAST COMMANDER	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY FORREST		NAME	BRYAN MILLER	
STREET ADDRESS	1621 COLONY AVE		STREET ADDRESS	953 FLORIDA PARKWAY	
CITY-ST-ZIP	KISSIMMEE FLA 34744		CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED BRUMSON		NAME		
STREET ADDRESS	2026 NEPTUNE RD		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FLA 34744		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)(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: Helene C. Callaway HELENE C. CALLAWAY DATE: May 14-2000 1-407-870-7475

CR2E037 (9/99)