

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0081882

03-26-2001 90163 023 \*\*\*\*61.25

**DOCUMENT # 759572**

1. Entity Name

**TOHOPEKALIGA YACHT CLUB, INC.**

Principal Place of Business

201 LAKESHORE BLVD  
 PO BOX 420524  
 KISSIMMEE FL 34742-7524

Mailing Address

PO BOX 420524  
 KISSIMMEE FL 34742

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

**59-2523285**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORREST, STANLEY**  
**1621 COLONY**  
**KISSIMMEE FL 34744**

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	D	<input checked="" type="checkbox"/> Delete
NAME	LAPIDO, JERRY	
STREET ADDRESS	2500 OAK HOLLOW DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	<del>Vice Commodore</del>	<input type="checkbox"/> Delete
NAME	BRUNSON, FRED	
STREET ADDRESS	201 CAROL ST.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALLAWAY, BUZZ	
STREET ADDRESS	2500 CYPRESS LANE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, FORREST	
STREET ADDRESS	1621 COLONY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WISHART, JOHN	
STREET ADDRESS	1560 CYPRESSWOOD CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, TONI	
STREET ADDRESS	2184 PINE TERRACE	
CITY-ST-ZIP	ST. CLOUD FL 34771	

TITLE	Vice Commodore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT WHIDDEN	
STREET ADDRESS	2336 PEPPER TREE CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA WHIDDEN	
STREET ADDRESS	2336 PEPPER TREE CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Wishart	
STREET ADDRESS	1560 Cypress Woods Circle	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Ramsey	
STREET ADDRESS	901 Maury Rd. Lot 4	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Burnworth	
STREET ADDRESS	209 Lakeshore Blvd	
CITY-ST-ZIP	Kiss, FL - 34742	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Quackenbush	
STREET ADDRESS	1382 Picasant Hill Rd.	
CITY-ST-ZIP	Kissimmee, FL 34741	

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 *Linda A. Whidden*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Linda A. Whidden - Treasurer 3/22/01*  
 Date Daytime Phone #

CR2E037 (10/00)