2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

FILED May 18, 2000 8:00 am Secretary of State **DOCUMENT # 770238** 1. Entity Name CALOOSA BOAT CLUB, INC. 05-18-2000 90358 027 ****61.25 Principal Place of Business Mailing Address % LOUIE H. GERST % LOUIE H. GERST 811 MIRAMAR STREET 811 MIRAMAR STREET **CAPE CORAL FL 33904-9046** CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0083313 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GERST, LOUIE H. **811 MIRAMAR STREET** CAPE CORAL FL 33904 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition STD ☐ Change ☐ Delete TITLE TITLE NAME GERST, LOUIE H. NAME STREET ADDRESS 4951 TRITON COURT, WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME BARCLAY, MARVIN STREET ADDRESS STREET ADDRESS 1725 W HIGGINS LANE CITY-ST-ZIP CITY-ST-ZIP **TUCSON AZ 85705** Change Addition TOTLE VD: Delete ---TITLE NAME GERST, VEDA J. NAME STREET ADDRESS STREET ADDRESS 4951 TRITON CT W CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if