

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F40717**

1. Entity Name
PASADENA YACHT AND COUNTRY CLUB, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90038 025 ***550.00

Principal Place of Business 6300 PASADENA POINT BLVD. ATTN: ACCOUNTING OFFICE GULFPORT FL 33707	Mailing Address 6300 PASADENA POINT BLVD. ATTN: ACCOUNTING OFFICE GULFPORT FL 33707
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DO NOT WRITE IN THIS SPACE

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 59-2118019	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	KUEHN, M R	
STREET ADDRESS	600 GRANT STREET	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHMIDT, G P	
STREET ADDRESS	600 GRANT STREET	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STRUEBING, S K	
STREET ADDRESS	600 GRANT STREET	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STANTON, R M	
STREET ADDRESS	600 GRANT ST	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MOLLER, PETER	
STREET ADDRESS	600 GRANT ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R. KUEHN (MARK R. KUEHN) 8/21/00 412-433-5160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)