

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03027

1. Entity Name

APOLLO BEACH YACHT CLUB, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90133 025 ***150.00

A0011876



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 3494 APOLLO BEACH FL 33572		Mailing Address P.O. BOX 3494 APOLLO BEACH FL 33572-1004	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2967237	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHUTE, JOHN R 820 GOLF ISLAND DR APOLLO BEACH FL 33572		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete DUCKSTEIN 60005 ADAGIO LANE APOLLO BEACH FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMODORE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DAVIS, JOSEPHINE 1007 SAGO PALM WAY APOLLO BEACH FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DON KIEHO 810 EAGLE LN APOLLO BEACH FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete FREE, JEANNE 811 BUNKER VIEW DR APOLLO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KAREN KARSTADT 932 CHIPAWAY DR APOLLO BEACH FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SHUTE, JOHN R 820 GOLF ISLAND DR APOLLO BEACH FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Delete ELSBERRY, THOMAS 904 ALLEGRO LANE APOLLO BEACH FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE COMMANDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DONALD EAGLE 6605 DELPHIN LANE DR APOLLO BEACH FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WALKER, WENDELL 6329 WRESTERIA LANE APOLLO BEACH FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRETOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES BORDS 876 GOLF ISLAND DR APOLLO BEACH FL 33572

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: John R. Shute Treas 1-19-00 813-645422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #