

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03027

1. Entity Name

APOLLO BEACH YACHT CLUB, INC.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90056 007 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 3494

P.O. BOX 3494

APOLLO BEACH FL 33572

APOLLO BEACH FL 33572

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 **59-2967237**

Applied For

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

SHUTE, JOHN R  
820 GOLF ISLAND DR  
APOLLO BEACH FL 33572

Name **Robin Kitzmiller**

Street Address (P.O. Box Number is Not Acceptable)

**6316 FLAMINGO DRIVE**

City **APOLLO BEACH FL**

**FL**

Zip Code

**33572**

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)

**02/08/01**

DATE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	C	<input type="checkbox"/> Delete
NAME	DUCKSTEIN	
STREET ADDRESS	60005 ADAGIO LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEHN, DON	
STREET ADDRESS	810 EAGLE LN	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KARSTADT, KAREN	
STREET ADDRESS	932 CHIPAWAY DR	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHUTE, JOHN R	
STREET ADDRESS	820 GOLF ISLAND DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	PC	<input type="checkbox"/> Delete
NAME	EAGLIARDI, DOMINAC	
STREET ADDRESS	6605 DOLPIN LOVE DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORIS, JAMES	
STREET ADDRESS	826 GULF ISLAND DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	

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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Wanka	
STREET ADDRESS	6611 Seabird Way	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Kitzmiller	
STREET ADDRESS	6316 FLAMINGO DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JEFF KARSTADT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	932 CHIPAWAY DR	
STREET ADDRESS	APOLLO BEACH FL 33572	
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)