

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M80412**

1. Entity Name

**QUEEN'S HARBOUR YACHT & Country CLUB, INC**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90028 008 \*\*\*150.00

**C0049843**

Principal Place of Business      Mailing Address  
**13361 ATLANTIC BLVD      13361 ATLANTIC BLVD**  
**JACKSONVILLE 32225      JACKSONVILLE FL 32225**

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      Applied For  
**59.2942729**      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

Name **GREGORY D. MORRIS**

Street Address (P.O. Box Number is Not Acceptable)  
**2325 ULMERTON RD STE 20**

City **CLEARWATER**

FL

Zip Code **33762**

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

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 **VP** ☒ Delete  
NAME **THOMAS SCHULTZ**  
STREET ADDRESS **2325 ULMERTON RD STE 20**  
CITY-ST-ZIP **CLEARWATER, FLA 33762**

TITLE **VP** ☐ Change ☒ Addition  
NAME **GREGORY D. MORRIS**  
STREET ADDRESS **2325 ULMERTON RD STE 20**  
CITY-ST-ZIP **CLEARWATER, FLA 33762**

TITLE ☐ Delete  
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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 (11/00)