

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90960 027 ****61.25

DOCUMENT # N00000000747

1. Entity Name

SAVE OUR BAYS, AIR AND CANALS, INC.



Principal Place of Business

**923 GOLF ISLAND DR.
APOLLO BEACH FL 33572**

Mailing Address

**825 GOLF ISLAND DR.
APOLLO BEACH FL 33572**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 3668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

APOLLO BEACH, FL

Zip

Country

Zip

Country

33572

4. FEI Number **59-3607105**

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

**DOCKERY, JACK
825 GOLF ISLAND DR.
APOLLO BEACH FL 33572**

Name

MARILYN BALKANY

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

1806 MILFORD CIRCLE

City

SUN CITY CENTER

FL

Zip Code

33573

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marilyn Balkany

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARZILLI, JOE 1055 APOLLO BEACH BLVD APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TSULTIM, JAY 929 BIRDIE WAY APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLAERT, BARBARA 6439 LAKE SUNRISE DR APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOCKERY, JACK 825 GOLF ISLAND DR. APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, BARBARA 1403 COBIA CAY DR. APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTOLINI, BONNIE 929 BIRDIE WAY APOLLO BEACH FL 33572	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE-S-D DOMINICK GEBBIA 6322 BALBOA DR APOLLO BEACH, FL 33572 V PRE-S-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONNIE BERTOLINI 929 BIRDIE WAY APOLLO BEACH, FL 33572	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARILYN BALKANY 1806 MILFORD CIRCLE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANNETTE DOYLE 914 CHIPANAWY DR. APOLLO BEACH, FL 33572	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D B.J. LOWER 485 FLAMINGO DR APOLLO BEACH, FL 33572	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/02)