

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001261

1. Entity Name

SUMTER COUNTY AIR BOAT CLUB, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90191 018 ****61.25

Principal Place of Business

Mailing Address

4997 NORTHWEST 56TH BOULEVARD
LAKE PANASOFFKEE FL 33538

4997 NORTHWEST 56TH BOULEVARD
LAKE PANASOFFKEE FL 33538

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

☒ 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **ROBERT E. GRAHAM**

Street Address (P.O. Box Number is Not Acceptable)
4997 NW 56TH BLVD.

City **LAKE PANASOFFKEE**

FL

Zip Code **33538**

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

ROBERT E. GRAHAM

PRESIDENT.

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GRAHAM, ROBERT E**
STREET ADDRESS **4997 NORTHWEST 56TH BOULEVARD**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **CARUTHERS, MARK**
STREET ADDRESS **4997 NORTHWEST 56TH BOULEVARD**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☒ Change ☐ Addition
NAME **SD CARUTHERS, MARK**
STREET ADDRESS **4734 CR 141**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **TD** ☐ Delete
NAME **CARUTHERS, MARK**
STREET ADDRESS **4997 NORTHWEST 56TH BOULEVARD**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☒ Change ☐ Addition
NAME **TD CARUTHERS, MARK**
STREET ADDRESS **4997 NW 56TH BLVD.**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 352-748-6700

CR2E037 (9/01)