

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

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-03-2003 90025 045 ****61.25

DOCUMENT # N01000001261

1. Entity Name
SUMTER COUNTY AIR BOAT CLUB, INC.



Principal Place of Business
**4997 NORTHWEST 56TH BOULEVARD
LAKE PANASOFFKEE FL 33538**

Mailing Address
**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 **NOT APPLICABLE**

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

**ROBERT, GRAHAM
4997 NW 56TH BLVD
LAKE PANASOFFKEE FL 33538**

Name

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

City

FL

Zip Code

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAHAM, ROBERT E	
STREET ADDRESS	4997 NORTHWEST 56TH BOULEVARD	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARUTHERS, MARK	
STREET ADDRESS	4734 CR 141	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIDDLETON, CARLA	
STREET ADDRESS	4997 NW 56TH BLVD	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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

1/6/03

352-748-6700

Date

Daytime Phone #

CR2E037 (10/02)