

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007897

1. Entity Name  
**BIG LAKE AIRBOAT CLUB, INC.**

Principal Place of Business  
**848 WEST VENTURA AVENUE  
CLEWISTON FL 33440**

Mailing Address  
**848 WEST VENTURA AVENUE  
CLEWISTON FL 33440**

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

05-114-5716

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

**YAUN, JOHN A  
848 WEST VENTURA AVENUE  
CLEWISTON FL 33440**

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.

SIGNATURE

*John Yaun*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Delete

**P  
JOHNSON, BOBBY  
PO BOX 1244  
LABELL FL 33975**

TITLE ☐ Delete

**V  
TUCKER, FRED  
695 E. SR LOT 41  
MOORE HAVEN FL 33471**

TITLE ☐ Delete

**T/D  
WILSON, BOB  
PO BOX 1642  
MOORE HAVEN FL 33471**

TITLE ☐ Delete

**S/D  
SYKES, BILL  
PO BOX 1361  
MOORE HAVEN FL 33471**

TITLE ☐ Delete

**D  
SNIDER, ERNEST  
2322 NORTH RIVER RD.  
LABELLE FL 33935**

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

*Robert C. Wilson*

**ROBERT C. WILSON**

Date

**863-6390790**

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 06 PM 4:11

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)