

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90064 007 \*\*\*\*61.25

**DOCUMENT # N01000007897**

1. Entity Name

**BIG LAKE AIRBOAT CLUB, INC.**

Principal Place of Business

Mailing Address

**848 W VENTURA AVE  
CLEWISTON FL 33440**

**848 W VENTURA AVE  
CLEWISTON FL 33440**

**23967**

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

**65-1145716**

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 W VENTURA AVE  
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

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

TITLE ☐ Delete  
NAME **P JOHNSON, BOBBY**  
STREET ADDRESS **P.O. BOX 1244**  
CITY-ST-ZIP **LABELL FL 33975**

TITLE ☐ Delete  
NAME **V TUCKER, FRED**  
STREET ADDRESS **695 E SR LOT 41**  
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Delete  
NAME **TD WILSON, BOB**  
STREET ADDRESS **P.O. BOX 1642**  
CITY-ST-ZIP **MOORE HAVN FL 33471**

TITLE ☐ Delete  
NAME **SD SYKES, BILL**  
STREET ADDRESS **P.O. BOX 1361**  
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Delete  
NAME **D SNIDER, ERNEST**  
STREET ADDRESS **2322 N RIVER DR**  
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME **Bob Wilson**  
STREET ADDRESS **P.O. Box 921**  
CITY-ST-ZIP **Moore Haven, FL 33471**

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

TITLE ☐ Change ☐ Addition  
NAME **Atvenda Wilson**  
STREET ADDRESS **P.O. BX 1642**  
CITY-ST-ZIP **Moore Haven, FL 33471**

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

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

TITLE ☐ Change ☐ Addition  
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**Bill Sykes** Sec. 3-6-02 863-946-3333

CR2E037 (9/01)