

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

9/4/2003-90059-046-\$61.25-\$61.25

DOCUMENT # N02000002419

1. Entity Name

APALACHEE BAY COMMUNITY SAILING, INC.



FILED

03 SEP 25 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3272 RUE DE LAFITTE
TALLAHASSEE FL 32312

Mailing Address

3272 RUE DE LAFITTE
TALLAHASSEE FL 32312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0675956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WERNDL, PHILLIP A
3272 RUE DE LAFITTE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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

After September 10, 2003, min will be \$236.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLENN, WILL	
STREET ADDRESS	28 SANDPIPER LN	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERNDL, PHILLIP A	
STREET ADDRESS	3272 RUE DE LAFITTE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELLERS, ROBERT	
STREET ADDRESS	8908 WINGED FOOT DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUGUSTINE, STEVE	
STREET ADDRESS	1410 WEKEWA NENE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, JOHN	
STREET ADDRESS	238 HARBOUR POINT DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILHELM, BILL	
STREET ADDRESS	748 ELEAZER PL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Phillip A. Werndl

9/2/03

850 945 3099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)