

FILED
Mar 19, 2003 8:00 am
Secretary of State

01-24-2003 90120 007 ****61.25

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

DOCUMENT # N02000003094

 1. Entity Name
CHARTER YACHT CLUB INC.


Principal Place of Business

 1000 10TH AVE. S.
 NAPLES FL 34102

Mailing Address

 1000 10TH AVE. S.
 NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

30-0070456

Applied For

Not Applicable

5. Certificate of Status Desired

☐
 \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 NABORS, LYNDAS
 1400 POMPEI LN. #62
 NAPLES FL 34103

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 (if applicable)

(NOTE: Registered Agent signature required when registering)

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

TITLE	D	NAME	SHORT, FRANK	☐ Delete
STREET ADDRESS	6652 TRIDENT WAY			
CITY-STATE-ZIP	NAPLES FL 34108			
TITLE	D	NAME	NABORS, LYNDAS	☐ Delete
STREET ADDRESS	1400 POMPEI LN. #62			
CITY-STATE-ZIP	NAPLES FL 34103			
TITLE	D	NAME	FRESHWATER, JOHN	☐ Delete
STREET ADDRESS	225 DENT DR.			
CITY-STATE-ZIP	NAPLES FL 34112			
TITLE	DS	NAME	HARRIS, TERENCE J	☐ Delete
STREET ADDRESS	4125 17TH AVE. SW			
CITY-STATE-ZIP	NAPLES FL 34116			
TITLE	TD	NAME	DOWNER, MARLENE	☐ Delete
STREET ADDRESS	8858 LUNA CIR.			
CITY-STATE-ZIP	NAPLES FL 34109			
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-STATE-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-STATE-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: *TERRY HARRIS* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

1/22/3

239.272.1027

CR2037 (1/02)