

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06301

1. Entity Name

APOLLO BEACH YACHT CLUB FOUNDATION, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90133 026 ****61.25

Principal Place of Business

6505 SURFISDE DR
APOLLO BEACH FL 33572
US

Mailing Address

P.O. BOX 3494
APOLLO BEACH FL 33572-1004

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

59-2419096

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

SHUTE, JOHN R
820 GOLF ISLAND DR
APOLLO BEACH FL 33572

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	DAVIS, JOSEPHINE	1007 SAGO PALM WAY	APOLLO BEACH FL 33572	<input checked="" type="checkbox"/>
S	FREE, JEANNE	811 BUNKER VIEW DR	APOLLO BEACH FL	<input checked="" type="checkbox"/>
T	SHUTE, JOHN	820 GOLF ISLAND DR	APOLLO BCH FL 33572	<input type="checkbox"/>
VC	DUCKSTEIN, WAYNE	6005 ADAGIO LN	APOLLO BEACH FL	<input type="checkbox"/>
D	WALKER, WENDELL	6329 WISTERIA LANE	APOLLO BEACH FL 33572	<input checked="" type="checkbox"/>
PC	ELSBERRY, THOMAS	904 ALLEGRO LANE	APOLLO BEACH FL 33572	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	DON KIEHN	510 EAGLE LN	APOLLO BEACH FL 33572	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sec	KAREN KARSTADT	932 CHIPAWAY DR	APOLLO BEACH FL 33572	<input type="checkbox"/>	<input type="checkbox"/>
Commodore				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	JAMES BORIS	826 GOLF ISLAND DR	APOLLO BEACH FL 33572	<input type="checkbox"/>	<input type="checkbox"/>
PRST Commodore	DOMINICK EAGLE	6605 DOLPHIN CAY DR	APOLLO BEACH FL 33572	<input type="checkbox"/>	<input type="checkbox"/>

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 and Typed or Printed Name of Signing Officer or Director
John R. Shute - Treas.

Date

Daytime Phone #

1-19-00 813/155706