

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-19-2001 90022 048 ****61.25

DOCUMENT # N06301

1. Entity Name

APOLLO BEACH YACHT CLUB FOUNDATION, INC.

Principal Place of Business

6505 SURFSIDE DR
APOLLO BEACH FL 33572
US

Mailing Address

P.O. BOX 3494
APOLLO BEACH FL 33572

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

59-2419096

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Robin Kitzmiller
Street Address (P.O. Box Number is Not Acceptable)
6316 FLAMINGO DR
APOLLO BEACH
City FL Zip Code 33572

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

02/12/01

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>DIRECTOR</u>	☐ Delete
NAME	KIEHN, DON	
STREET ADDRESS	810 EAGLE LN	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	<u>S</u>	☒ Delete
NAME	KARSTADT, KAREN	
STREET ADDRESS	932 CHIPAWAY DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	<u>T</u>	☒ Delete
NAME	SHUTE, JOHN	
STREET ADDRESS	820 GOLF ISLAND DR	
CITY-ST-ZIP	APOLLO BCH FL 33572	
TITLE	<u>DIRECTOR</u>	☐ Delete
NAME	DUCKSTEIN, WAYNE	
STREET ADDRESS	6005 ADAGIO LN	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	<u>D</u>	☒ Delete
NAME	BORIS, JAMES	
STREET ADDRESS	826 GOLF ISLAND DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	<u>PS DIRECTOR</u>	☐ Delete
NAME	GAGLIARD, DOMINIC	
STREET ADDRESS	6605 DOLPHIN COVE DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>Secretary</u>	☐ Change ☒ Addition
NAME	DIANE WERONKA	
STREET ADDRESS	611 Seabird Way	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	<u>Treasurer</u>	☒ Change ☐ Addition
NAME	Robin Kitzmiller	
STREET ADDRESS	6316 FLAMINGO DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>Carol Segrest</u>	☐ Change ☒ Addition
NAME	9917 BAY DRIVE	
STREET ADDRESS	6165050N FL 33534	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2001

Date

Daytime Phone #

CP2007 (10/00)