

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90006 029 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT

1. Entity Name N10062

INLET YACHT CLUB, INC.

Principal Place of Business

Mailing Address

1625 W. Marion
Punta Gorda, Fl.
33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 511249
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

Punta Gorda, Fl.
3395101249 Char

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

MCQUEEN, ROBERT N.
1625 W. Marion Ave, Suite 6
Punta Gorda, Fl. 33950

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:
FEES: \$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	DC	<input type="checkbox"/> Delete
NAME	WEBB SANKELY E III	
STREET ADDRESS	1625 W. Marion Ave, Ste 6	
CITY - ST - ZIP	Punta Gorda, Fl. 33950	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCQUEEN, ROBERT N.	
STREET ADDRESS	1625 W. Marion Ave	
CITY - ST - ZIP	Punta Gorda, Fl. 33950	<input type="checkbox"/> Delete
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCQUEEN, PAULA F.	
STREET ADDRESS	1625 W. Marion Ave	
CITY - ST - ZIP	Punta Gorda, Fl. 33950	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

Date

Daytime Phone #