

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90643 016 \*\*\*158.75

**DOCUMENT #** N10062  
**1. Entity Name**  
 Inlet Yacht Club, Inc.

**Principal Place of Business** 1625 W. Marion Ave #6  
 Punta Gorda, FL 33950  
**Mailing Address** 1625 W. Marion Ave #6  
 Punta Gorda, FL 33950

**2. Principal Place of Business** Suite #6  
**3. Mailing Address** Suite #6  
**City & State** Punta Gorda, FL  
**Zip** 33950  
**Country**

**4. FEI Number** 65-0262746  
**Applied For** Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

00056935

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 McQueen, Rube K.  
 1625 W. Marion Ave #6  
 Punta Gorda, FL 33950

**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.

**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**

<b>TITLE</b> D <b>NAME</b> Webb, Sandy C III <b>STREET ADDRESS</b> 1625 W. Marion Ave <b>CITY - ST - ZIP</b> Punta Gorda, FL 33950	<input type="checkbox"/> Delete
<b>TITLE</b> PD <b>NAME</b> McQueen, Robert A <b>STREET ADDRESS</b> 1625 W. Marion Ave <b>CITY - ST - ZIP</b> Punta Gorda, FL 33950	<input type="checkbox"/> Delete
<b>TITLE</b> DS <b>NAME</b> McQueen, Rube K <b>STREET ADDRESS</b> 1625 W. Marion Ave #6 <b>CITY - ST - ZIP</b> Punta Gorda, FL 33950	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

Rube K. McQueen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

944-637-8884

Daytime Phone #