

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14189

1. Entity Name

TREASURE ISLAND TENNIS & YACHT CLUB CORPORATION

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90082 050 ****61.25

Principal Place of Business 400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706-1131	Mailing Address 400 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706-1131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2670733	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLUNKET, FRANK
400 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name: Joseph B. Meyer
Street Address (P.O. Box Number is Not Acceptable):
400 Treasure Island Causeway
City: Treasure Island FL Zip Code: 33706

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: *Joseph B. Meyer General Mgr.* DATE: 4-25-00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESTERA, RICHARD A 6650 SUNSET WAY #120 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENNINGTON, GEORGE P 13420 LAS PALMAS DR REDINGTON BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIEFFER, JON 12202 2ND STREET E TRASURE ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARVEY, WILLIAM 6713 CARDINAL DR. S. ST. PETERSBURG FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SONTAG, MARJORIE 450 TRASURE ISLAND CSWY #702 TREASURE ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHTER, J RICHARD 611 64TH AVENUE ST PETERSBURG FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rahter, J. Richard 611 64th Avenue St. Petersburg Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kieffer, Jon 12202 2nd Street E Treasure Island, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Taylor, Robert M. 450 Treasure Island Cswy.#310 Treasure Island, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brusini, Andrew R. 255 Capri Circle S. #24 Treasure Island, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Pennington, George P. 13420 Las Palmas Dr Largo, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marger, David S. 1918 Follow Thru Rd N. St. Petersburg, FL	<input checked="" 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: *SIGNATURE REQUIRED: Richard Rahter* DATE: 4-25-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)