

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2000 08:00 AM
Secretary of State

DOCUMENT # N15746

1. Entity Name
 ROYAL PELICAN BOATING ASSOCIATION, INC.

Principal Place of Business P O BOX 6017 FT MYERS BCH 33932	FL	Mailing Address P O BOX 6017 FT MYERS BCH 33932	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-2691481	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent
 SUITER D.G.
 1661 ESTERO BLVD
 FORT MYERS FL
 33932 US

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 **DOUGLAS G. SUITOR** DATE **03/30/2000**
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VEITH GERHARD			NAME			
STREET ADDRESS	4531 BAY BEACH LANE, #334			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS BEACH FL 33931			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARMONTRE ROBERT			NAME	BURCH GENE		
STREET ADDRESS	4521 BAY BEACH LANE #121			STREET ADDRESS	4541 BAY BEACH LANE #342		
CITY-ST-ZIP	FT. MEYERS BEACH FL 32593			CITY-ST-ZIP	FT. MEYERS BEACH FL 32593		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFIS BETTY			NAME			
STREET ADDRESS	4511 BAY BCH., LN # 311			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.