

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90361 037 \*\*\*\*61.25

0070259

**DOCUMENT # N15746**

1. Entity Name

**ROYAL PELICAN BOATING ASSOCIATION, INC.**

Principal Place of Business

P O BOX 6017  
 FT MYERS BCH FL 33932

Mailing Address

P O BOX 6017  
 FT MYERS BCH FL 33932

**80039814**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2691481**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SUITER, D.G.**  
**1661 ESTERO BLVD**  
**FORT MYERS FL 33932**

7. Name and Address of New Registered Agent

Name  
**Monarch Association Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11595 Kelly Rd. Suite 112**  
 City **Ft Myers** FL Zip Code **33908**

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]*

*[Signature]*

**4/11/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>CRAWFIS, BETTY</b>	
STREET ADDRESS	<b>4511 BAY BCH., LN # 311</b>	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>BURCH, GENE</b>	
STREET ADDRESS	<b>4541 BAY BEACH LANE #342</b>	
CITY-ST-ZIP	<b>FT. MEYERS BEACH FL 32393</b>	
TITLE	DSD	<input type="checkbox"/> Delete
NAME	<b>VEITH, GERHARD</b>	
STREET ADDRESS	<b>4531 BAY BEACH LANE, #334</b>	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL 33931</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Peter Vorio</b>	
STREET ADDRESS	<b>4551 Bay Beach Ln # 153</b>	
CITY-ST-ZIP	<b>Ft Myers Beach, FL 33931</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

Date

Daytime Phone #

CR2E037 (10/00)