

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25760

1. Entity Name

FORT MYERS BEACH YACHT CLUB, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90023 027 ****61.25

Principal Place of Business

4116 SE 20TH PLACE
UNIT 101
CAPE CORAL FL 33904
US

Mailing Address

4116 SE 20TH PLACE
#101
CAPE CORAL FL 33904-8029
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0101799

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDEN, ALFRED A.
4116 SE 20TH PLACE
#101
CAPE CORAL FL 33904

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MILLER, CONNIE
4521 BAY BEACH LN
FT MYERS BEACH FL 33931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RD
BOTTARI, DOMINIC
18499 DEEP PASSAGE LE
FT MYERS BCH FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ANDERSON, JOHN
43 FAIRVIEW BLVD
FT MYERS BEACH FL 33931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SALING, VICTORIA
18022 SAN CARLOS BLVD 67
FT MYERS BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
EDEN, ALFRED A.
4116 SE 20TH PLACE #101
CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRISON, M.D. HOWARD
4244 SE 20TH PL #319
CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RD ☒ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00 (941) 549-6027