

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26697

1. Entity Name

PALM COAST BOATING ASSOCIATION, INC.

Principal Place of Business

36 WESTBRIAR LANE
PALM COAST FL 32164
US

Mailing Address

P. O. BOX 351742
PALM COAST FL 32135-1742
US

2. Principal Place of Business

11 Crossleaf Court, E.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Coast, Florida

City & State

Zip

Country

32137

Country

4. FEI Number

59-2886571

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, DOUGLAS
36 WESTBRIAR LANE
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name Camilleri, Joseph

Street Address (P.O. Box Number is Not Acceptable)
11 Crossleaf Court, E.

City Palm Coast,

FL

Zip Code 32137

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 Camilleri CPD JOSEPH CAMILLERI

March 9, 2000

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

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DOUGLAS	
STREET ADDRESS	36 WESTBRIAR LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CAMILLERI, JOSEPH	
STREET ADDRESS	11 CROSSLEAF COURT, E	
CITY-ST-ZIP	PALM COAST FL	
TITLE	RDC	<input checked="" type="checkbox"/> Delete
NAME	NEVERAS, TERRY	
STREET ADDRESS	75 CORAL REEF COURT N.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	REPETZ, DOROTHY	
STREET ADDRESS	1 FERGUSON COURT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	FC	<input type="checkbox"/> Delete
NAME	WHITE, JOSEPH	
STREET ADDRESS	8 CHEROKEE CT E	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Camilleri, Joseph	
STREET ADDRESS	11 Crossleaf Court, E	
CITY-ST-ZIP	Palm Coast, Florida	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neveras, Theresa	
STREET ADDRESS	75 Coral Reef Court, N.	
CITY-ST-ZIP	Palm Coast, Florida	
TITLE	RDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lamb, David	
STREET ADDRESS	11 Cherie Court	
CITY-ST-ZIP	Palm Coast, Florida	
TITLE	VCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Repetz, Dorothy	
STREET ADDRESS	1 Ferguson Court	
CITY-ST-ZIP	Palm Coast, Florida	
TITLE	FC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Joseph	
STREET ADDRESS	8 Cherokee Court E	
CITY-ST-ZIP	Palm Coast, Florida	
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: Dorothy Repetz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY REPETZ 3/8/00

(904) 425-4735



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)