

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am  
Secretary of State

03-13-2001 90115 037 \*\*\*\*70.00

DOCUMENT # N26697

1. Entity Name

PALM COAST BOATING ASSOCIATION, INC.

Principal Place of Business

11 CROSSLEAF CT E  
PALM COAST FL 32137  
US

Mailing Address

P. O. BOX 351742  
PALM COAST FL 32135  
US

2. Principal Place of Business

75 Coral Reef Court N.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Coast, Florida

City & State

Zip

Zip

32137

Country

Zip

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

CAMILLERI, JOSEPH  
11 CROSSLEAF CT E  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name: Neveras, Theresa  
Street Address (P.O. Box Number is Not Acceptable): 75 Coral Reef Court, N.  
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

Theresa Neveras

CPD

TERESA NEVERAS

3/6/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CAMILLERI, JOSEPH 11 CROSSLEAF CT E PALM COAST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEVERAS, THERESA 75 CORAL LEAF CT N PALM COAST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RDC LAMB, DAVID 11 CHEYENNE CT PALM COAST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD REPETZ, DOROTHY 1 FERGUSON COURT PALM COAST FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC WHITE, JOSEPH 8 CHEROKEE CT E PALM COAST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Neveras, Theresa 75 Coral Reef Court, N. Palm Coast, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Camilleri, Joseph 11 Crossleaf Court, E. Palm Coast, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RDC Silvestri, Bea 10 Crampton Court Palm Coast, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Repetz, Dorothy 1 Ferguson Court Palm Coast, Florida	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC Martinovich, John 14 Claridge Court, S. Palm Coast, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

Dorothy Repetz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

(386)  
445-4735

Date

Daytime Phone #

CR2E037 (10/00)