

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90078 027 ****70.00

DOCUMENT # N26697

1. Entity Name

PALM COAST BOATING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

75 CORAL REEF COURT N
 PALM COAST FL 32137
 US

P. O. BOX 351742
 PALM COAST FL 32135
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2886571

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

NEVERAS, THERESA
 75 CORAL REEF COURT N
 PALM COAST FL 32137

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	CPD	<input type="checkbox"/> Delete
NAME	NEVERAS, THERESA	
STREET ADDRESS	75 CORAL REEF COURT N	
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	SILVESTRI, BEA	
STREET ADDRESS	10 CRAMPTON COURT	
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	MARTINOLICH, JOHN	
STREET ADDRESS	14 CLARIDGE COURT S	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neveras, Theresa	
STREET ADDRESS	75 Coral Reef Court, N.	
CITY-ST-ZIP	Palm Coast, Florida	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RDC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silvestri, Ardis	
STREET ADDRESS	10 Crampton Drive	
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	Martinolich, John	
STREET ADDRESS	14 Claridge Court S.	
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 3/12/02 (386) 445-4735
 Daytime Phone

CR2E037 (9/01)