

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27209

1. Entity Name

NAVY JACKSONVILLE YACHT CLUB, INC.



**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90029 038 \*\*\*\*61.25

Principal Place of Business

% COMMODORE  
P.O. BOX 29  
JACKSONVILLE FL 32212

Mailing Address

% COMMODORE  
P.O. BOX 29  
JACKSONVILLE FL 32212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2896605

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLYTHE, ROBERT L.  
3846 O'RIELY DR. E.  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Myrtle Armstrong

Street Address (P.O. Box Number is Not Acceptable)

4055 PINTO RD

City

Middleburg

FL

Zip Code

32068

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

*Myrtle Armstrong* Myrtle Armstrong

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08/30/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PDT	<input checked="" type="checkbox"/> Delete
NAME	BLYTHE, ROBERT L	
STREET ADDRESS	3846 O'RIELY DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VDT	<input checked="" type="checkbox"/> Delete
NAME	BOATRIGHT, WILLIAM	
STREET ADDRESS	5034 HAVENWOOD OAKS TREE	
CITY-ST-ZIP	JACKSONVILLE FL 3224-331	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STEEL, BARBARA	
STREET ADDRESS	559 THOMAS STONE ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32023	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BLYTHE, CONNIE	
STREET ADDRESS	3846 O'RIELY DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PERRY, STALEY	
STREET ADDRESS	936 LAMBOLL AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MIZZEN, PARTICK	
STREET ADDRESS	1628 TWIN OAKS DR. E.	
CITY-ST-ZIP	MIDDLEBURG FL 32073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myrtle Armstrong	
STREET ADDRESS	4055 PINTO RD.	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Mizen	
STREET ADDRESS	1840 Sheerwood Dr	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Armstrong	
STREET ADDRESS	4055 PINTO RD	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON HOVERSON	
STREET ADDRESS	7226 Pineville Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID FLANNERY	
STREET ADDRESS	1058 Amber Court	
CITY-ST-ZIP	ORANGE PARK FL 32065	

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:

*Richard Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00

904 542 2568 x148

Date

Daytime Phone #

CR2E037 (5/00)