

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29972

1. Entity Name

ST. JOHNS RIVER VALLEY AIRBOAT ASSOCIATION, INC.

Principal Place of Business

1519 CLEARLAKE ROAD
PO BOX 3277
COCOA FL 32924-0277

Mailing Address

P.O. BOX 3277
COCOA FL 32924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CLISBY, KIMBERLY
300 S. RANGE RD
COCOA FL 32926

7. Name and Address of New Registered Agent

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

TITLE
NAME PD
STREET ADDRESS DAVIS, TERRY
CITY-ST-ZIP 4627 JNAET RD
COCOA FL 32926 ☐ Delete

TITLE
NAME VD
STREET ADDRESS YATES, CARSON
CITY-ST-ZIP 26533 YATES RD
CHRISTMAS FL 32709 ☐ Delete

TITLE
NAME SD
STREET ADDRESS YATES, MARLO
CITY-ST-ZIP 36533 YATES RD
CHRISTMAS FL 32709 ☐ Delete

TITLE
NAME TD
STREET ADDRESS CLISBY, KIMBERLY
CITY-ST-ZIP 300 S RANGE RD
COCOA FL 32926 ☐ Delete

TITLE
NAME D
STREET ADDRESS CLISBY, DAVIS
CITY-ST-ZIP 300 S RANGE RD
COCOA FL 32926 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90061 027 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE:

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)