

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38292

1. Entity Name

MULAT BAYOU YACHT CLUB, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90003 023 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O WILLIAM H. BASS
4854 SAN MIGUEL
AVALON BEACH FL 32583-5601
US

C/O WILLIAM H. BASS
4854 SAN MIGUEL
AVALON BEACH FL 32583-5629
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3132027

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

BASS, WILLIAM H.
205 SAN MIGUEL
AVALON BEACH FL 32570

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 PD ☐ Delete
NAME PATE, STEPHEN L.
STREET ADDRESS 1605 SAN MIGUEL
CITY-ST-ZIP AVALON BEACH FL

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

TITLE VD ☐ Delete
NAME ETHERIDGE, CHARLES A.
STREET ADDRESS 208 SAN MIGUEL
CITY-ST-ZIP AVALON BEACH FL

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

TITLE VD ☐ Delete
NAME STAGE, BOBBY J.
STREET ADDRESS 210 SAN MIGUEL
CITY-ST-ZIP AVALON BEACH FL

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

TITLE SD ☐ Delete
NAME BASS, WILLIAM H.
STREET ADDRESS 4854 SAN MIGUEL
CITY-ST-ZIP AVALON BEACH FL

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

TITLE VD ☐ Delete
NAME SCHANG, ARTHUR C.
STREET ADDRESS 104 SAN MIGUEL
CITY-ST-ZIP AVALON BEACH FL

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

TITLE TD ☐ Delete
NAME VESS SAM
STREET ADDRESS 4932 SAN MIGUEL ST
CITY-ST-ZIP MILTON FL

TITLE ☐ Change ☐ 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: *William H. Bass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18-00

850-434-5897

CR2E037 (9/99)