

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM****Secretary of State****DOCUMENT # N42495**1. Entity Name
GREAT DOCK CANOE RACE, INC.

Principal Place of Business	Mailing Address
801 12TH AVENUE S SUITE 300 NAPLES 34102 US	801 12 AVENUE S SUITE 300 NAPLES 34102 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ☐ 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

DEPASQUALE, PHIL
840-B 12TH AVE. SOUTH

NAPLES FL
33940Name
DEPASQUALE, VIN
Street Address (P.O. Box Number is Not Acceptable)
801 12TH AVENUE S

SUITE 300
City
NAPLES FL Zip Code
34102

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 VIN DEPASQUALE 04/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JAMES	NAME	
STREET ADDRESS	555 PARKSHORE DR., #207	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAMURRI, JOHN	NAME	
STREET ADDRESS	1454 ROSEMARY LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DOLLY	NAME	ROBERTS, DOLLY
STREET ADDRESS	382 BROAD AVE. SOUTH	STREET ADDRESS	382 BROAD AVE. SOUTH
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	NAPLES FL 34102
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPASQUALE VINCENT	NAME	DEPASQUALE VINCENT
STREET ADDRESS	801 12TH AVE S	STREET ADDRESS	801 12TH AVE S
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	NAPLES FL 34102
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKA WILLIAM	NAME	PARKA WILLIAM
STREET ADDRESS	801 12TH AVE S	STREET ADDRESS	801 12TH AVE S
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	NAPLES FL 34102
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER GARRETT	NAME	RICHTER GARRETT
STREET ADDRESS	801 12TH AVENUE S STE 300	STREET ADDRESS	801 12TH AVENUE S STE 300
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	NAPLES FL 34102

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Vin DePasquale P 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)