

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90084 004 ****61.25

DOCUMENT # N42690

1. Entity Name

BOCA BAY PASS CLUB CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 1677
 BOCA GRANDE FL 33921-1370

500 WATER ST
 S/C J-160
 JACKSONVILLE FL 32202-4423
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0269060

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

AFTOORA, PATRICIA J.
500 WATER STREET
14TH FLOOR
JACKSONVILLE FL 32202

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 **BECK, S.D.**
 STREET ADDRESS **301 WEST BAY ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** Change Addition
 NAME **S. A. Crosby**
 STREET ADDRESS **301 W. Bay Street, Jacksonville, FL 32202**

TITLE **GM** Delete
 NAME **WINEBRENNER, J**
 STREET ADDRESS **PO BOX 1677**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **GM** Change Addition
 NAME **Chip Scarborough**
 STREET ADDRESS **770 Gulf Blvd., Boca Grande, FL 33921**

TITLE **DVS** Delete
 NAME **AFTOORA, P.J.**
 STREET ADDRESS **500 WATER STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAKER, G**
 STREET ADDRESS **301 WEST BAY ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **463 Blue Teal Drive**
 CITY-ST-ZIP **Boca Grande; FL 33921-1708**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **David Dyche**
 STREET ADDRESS **128 Carrick Bend Lane, Boca Grande FL 33921**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Patricia J. Aftoora
REQUIRED

Patricia J. Aftoora

3/28/00

904-366-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)