

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

HARBOUR HEIGHTS YACHT CLUB, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90158 015 ****61.25

A0056986

Principal Place of Business

Mailing Address

2530 HARBOUR DR.

27200 SAN MARINO DR
HARBOUR HEIGHTS,
FL. 33983

HARBOUR HEIGHTS, FL. 33983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0261831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARYANN HORVATH
27200 SAN MARINO DR.
HARBOUR HEIGHTS, FL. 33983

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

Maryann Horvath, SECRETARY

4/12/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
COMMODORE
STEPHEN HORVATH, JR.
27200 SAN MARINO DR.
HARBOUR HEIGHTS, FL. 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
WILLIAM HARRISON
323 BOA VISTA ST.
PORT CHARLOTTE, FL. 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE COMMODORE
DOROTHY MILLER
JONES LOOP RD
PUNTA GORDA, FL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
BILL SCHEETZ
3409 PEACE RIVER DR.
HARBOUR HEIGHTS, FL. 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REAR COMMODORE
TOM RUDOLPH
116 S.E. LELAND ST.
PORT CHARLOTTE, FL. 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ART SEVIGNY
27385 VOYAGEUR DR.
HARBOUR HEIGHTS, FL. 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MARYANN HORVATH
27200 SAN MARINO DR.
HARBOUR HEIGHTS, FL. 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAST COMMODORE
JOE ALTMAN
19983 MIDWAY BLVD.
PORT CHARLOTTE, FL. 33948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
JACKIE VAJGRT
3000 PEACE RIVER DR.
HARBOUR HEIGHTS, FL. 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
BILL BEHA
3246 DAYTONA DR.
HARBOUR HEIGHTS, FL. 33983

TITLE
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:

Maryann Horvath, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

941-743-6684

Daytime Phone #

CR2E037 (11/00)