

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90117 016 ****61.25

DOCUMENT # N43747

1. Entity Name

SAILING SINGLES CLUB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12808 Yacht Club Circle

3. Mailing Address

12808 Yacht Club Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Fort Myers, Florida**

City & State **Fort Myers, Florida**

4. FEI Number

65-0274378

Applied For

Not Applicable

Zip **33919**

Country **USA**

Zip

33919

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gilbert C. Strasburg

Street Address (P.O. Box Number is Not Acceptable)

12808 Yacht Club Circle

City

Fort Myers

FL

Zip Code **33919**

**DO NOT WRITE
IN THIS SPACE**

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

Gilbert C. Strasburg *April 19th 2002*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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
STREET ADDRESS
CITY - ST - ZIP

**PC
Gilbert C. Strasburg
12808 Yacht Club Circle
Fort Myers, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPVC
Jim Lieberman
1500 Popham Drive C-12
Fort Myers, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
Connie Trowbridge
2004 SE 26th Terrace
Cape Coral, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
Mary Scofic
2125 Golfside Village Drive
Lehigh Acres, FL 33972**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DC
Charles Gallagher
18046 San Carlos Blvd., #140
Fort Myers Beach, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MD
Evelyn Hoop
1209 SE 8th St., #110
Cape Coral, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilbert C. Strasburg *April 19, 2002* *941-454-7835*

Date

Daytime Phone #

CR2E037B (12/01)