

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90103 044 \*\*\*\*61.25

**DOCUMENT # N46164**

1. Entity Name

**CITIZENS FOR RESPONSIBLE BOATING, INC.**

Principal Place of Business

Mailing Address

2640 W. HIGHLAND PARK RD.  
 DELAND FL 32720

2640 W. HIGHLAND PARK RD.  
 DELAND FL 32720-3817

2. Principal Place of Business

2650 Audubon Ave.

3. Mailing Address

2650 Audubon Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 DeLand, FL

City & State  
 DeLand, FL

4. FEI Number

**59-3095245**

Applied For

Not Applicable

Zip  
 32720

Country

Zip  
 32720

Country

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

**SPENCE, HAL**  
**221 N. CAUSEWAY**  
**NEW SMYRNA BEACH FL 32169**

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  Delete  
 NAME **DP**  
**RAWLINS, RICK**  
 STREET ADDRESS **2640 W. HIGHLAND PK RD.**  
 CITY-ST-ZIP **DELAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVP**  
**MIKE GODFREY, MIKE**  
 STREET ADDRESS **2419 VISTA PALM DRIVE**  
 CITY-ST-ZIP **EDGEWATER FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
**FLOWERS, BILL**  
 STREET ADDRESS **2030 RIVERVIEW DR**  
 CITY-ST-ZIP **DELAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
**WINKLER, STUART**  
 STREET ADDRESS **129 PALM BREEZE DR**  
 CITY-ST-ZIP **EDGEWATER FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE: *Richard E Rawlins* **Richard E RAWLINS**

3-26-00

904-734-2334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)