

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-04-2000 90014 046 \*\*\*\*61.25

**DOCUMENT # N46433**

1. Entity Name

**SURF CLUB ON THE GULF CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

2380 N. BEACH ROAD  
 ENGLEWOOD FL 34223

2380 N. BEACH ROAD  
 ENGLEWOOD FL 34223-9149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0345677**

Applied For

Not Applicable

Zip

Country

Zip

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

**ATKINS, WILLIAM**  
**2380 N. BEACH ROAD**  
**UNIT 205**  
**ENGLEWOOD FL FL342-23**

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 **ATKINS, WILLIAM**  
 STREET ADDRESS **2380 N BEACH RD, #205**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **GOTTSCHALK, ROBERT**  
 STREET ADDRESS **2380 N BEACH RD, #104**  
 CITY-ST-ZIP **ENGLEWOOD FL-34223**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **FERRARI, KATINA MATHEWS**  
 STREET ADDRESS **2380 N BEACH RD, #107**  
 CITY-ST-ZIP **ENGELWOOD FL 34223**

TITLE **VPD**  Change  Addition  
 NAME **PERRARI KATINA MATHEWS**  
 STREET ADDRESS **2380 N BEACH RD #107**  
 CITY-ST-ZIP **ENGLEWOOD FL. 34223**

TITLE **TD**  Delete  
 NAME **ADAMS, ELAINE**  
 STREET ADDRESS **2680 TITANIA RD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **TD**  Change  Addition  
 NAME **KENNETH ASHTON**  
 STREET ADDRESS **2380 N BEACH RD #204**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)