

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002575

1. Entity Name

THE BOATERS' ACTION AND INFORMATION LEAGUE, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90036 036 ****61.25

Principal Place of Business

Mailing Address

5835 WILDWOOD AVE
 SARASOTA FL 34231

P.O. BOX 15014
 SARASOTA FL 34277
 US

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 **65-0431119**

Applied For

Not Applicable

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

STILLEY, WALTER
 5835 WILDWOOD AVE
 SARASOTA FL 34231

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
After September 13, 2000 min. will be \$236.25

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 **P** ☐ Delete
 NAME **STILLEY, WALTER**
 STREET ADDRESS **5835 WILDWOOD AVE**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Change ☒ Addition
 NAME **CHARLES FUECHSEL**
 STREET ADDRESS **14960 DAVID DRIVE**
 CITY-ST-ZIP **FT MYERS, FL 33908**

TITLE **D** ☒ Delete
 NAME **DYE, JAMES D**
 STREET ADDRESS **4004 AVE MADERA**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOE SHEARER**
 STREET ADDRESS **2411 PALMTREE DRIVE**
 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **TS** ☐ Delete
 NAME **HARRIS, BARBARA**
 STREET ADDRESS **5835 WILDWOOD AVE**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN P. RILEY**
 STREET ADDRESS **5321 MIKADO COURT**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **VD** ☐ Delete
 NAME **WHITE, WILL**
 STREET ADDRESS **7362 PALOMINO LN**
 CITY-ST-ZIP **SARASOTA FL 34241**

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 all other like empowered.

SIGNATURE: BARBARA HARRIS **BARBARA HARRIS** 9/11/00 941-922-5835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)