

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
Jun 05, 2001 8:00 am
Secretary of State

04-25-2001 90027 020 ****61.25

DOCUMENT # N93000002575

1. Entity Name

THE BOATERS' ACTION AND INFORMATION LEAGUE, INC.

Principal Place of Business

5835 WILDWOOD AVE
 SARASOTA FL 34231

Mailing Address

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

STILLEY, WALTER
 5835 WILDWOOD AVE
 SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name **BARBARA HARRIS**

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

5835 WILDWOOD AVE.

City **SARASOTA,**

FL

Zip Code **34231**

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

Barbara Harris **BARBARA HARRIS, TREAS. 4/19/01**

Signature, typed or printed name of registered agent and fee 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STILLEY, WALTER	
STREET ADDRESS	5835 WILDWOOD AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DYE, JAMES D	
STREET ADDRESS	4004 AVE MADERA	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	TS	<input type="checkbox"/> Delete
NAME	HARRIS, BARBARA	
STREET ADDRESS	5835 WILDWOOD AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, WILL	
STREET ADDRESS	7362 PALOMINO LN	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES FUECHSEL	
STREET ADDRESS	14960 DAVID DRIVE	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH SHEARER	
STREET ADDRESS	2411 PALM TREE DRIVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN P. RILEY	
STREET ADDRESS	2044 WEST 1ST ST.	
CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

4/19/01 941-922-5835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/00)