

**2002 UNIFORM BUSINESS REPORT (UBR)****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 &amp; State

City &amp; 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

**HARRIS, BARBARA  
5835 WILDWOOD AVENUE  
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**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TS  
HARRIS, BARBARA  
5835 WILDWOOD AVE  
SARASOTA FL 34231** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P/D  
CHARLES F. FUECHSEL  
14960 DAVID DR.  
FT. MYERS, FL 33908** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
SHEARER, JOSEPH  
52411 PALM TREE DRIVE  
PUNTA GORDA FL 33950** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
RILEY, JOHN P  
2044 WEST 1ST STREET  
FORT MYERS FL 33901** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARBARA HARRIS**

Date

**4/8/02**

Daytime Phone #

**941-982-5835****FILED  
Apr 17, 2002 8:00 am  
Secretary of State**

04-17-2002 90141 007 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)