

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-21-2003 90083 035 \*\*\*\*61.25  
N93000002575

DOCUMENT # N93000002575

1. Entity Name  
THE BOATERS' ACTION AND INFORMATION LEAGUE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN 11 PM 1:01

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
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, BARARA  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	HARRIS, BARBARA	
STREET ADDRESS	5835 WILDWOOD AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHEARER, JOSEPH	
STREET ADDRESS	52411 PALM TREE DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RILEY, JOHN P	
STREET ADDRESS	2044 WEST 1ST STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FUECHSEL, CHARLES F	
STREET ADDRESS	14960 DAVID DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
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		<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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JOHN P.	
STREET ADDRESS	2044 WEST 1ST ST.	
CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER STILLEY	
STREET ADDRESS	5835 WILDWOOD AVE.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILL WHITE	
STREET ADDRESS	3220 S.E. HANSEL AVE.	
CITY-ST-ZIP	ARCADIA, FL 34266	
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 817, 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 5/15/03 941-922-5835  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)