

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000521

1. Entity Name

BOKEELIA BOAT CLUB, INC.

Principal Place of Business

13960 STRINGFELLOW RD  
BOKEELIA FL 33922

Mailing Address

13960 STRINGFELLOW RD  
BOKEELIA FL 33922-2312

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

65-0468059

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

STANFIELD, DALLAS  
13960 STRINGFELLOW BLVD.  
SUITE 1A  
BOKEELIA FL 33922

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 **D** ☐ Delete  
NAME **STANFIELD, DALLAS**  
STREET ADDRESS **13960 STRINGFELLOW BLVD., SUITE 1A**  
CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **SEMERARO, ELIZABETH**  
STREET ADDRESS **510 SPRINGHAVEN RD**  
CITY-ST-ZIP **WALLINGFORD PA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STANFIELD, MARY**  
STREET ADDRESS **13960 STRINGFELLOW**  
CITY-ST-ZIP **BOKEELIA FL 33922**

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  
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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:

*Dallas H. Stanfield* **Dallas H. Stanfield** 2-9-00 941-283-4063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90046 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE