

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001940**

1. Entity Name

PREMIUM PARASAIL BOAT OWNERS ASSOC., INC.

Principal Place of Business

**928 NE 24TH LANE
UNIT 4
CAPE CORAL FL 33909**

Mailing Address

**928 NE 24TH LANE
UNIT 4
CAPE CORAL FL 33909-2926**

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

65-0574346

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GIBBS, GILBERT
928 NE 24TH LANE
UNIT 4
CAPE CORAL FL 33909**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBBS, GILBERT	
STREET ADDRESS	1721 SE 43 ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATH, JAMES	
STREET ADDRESS	8025 BENCH DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	

TITLE	ST	<input type="checkbox"/> Delete
NAME	BAHR, MARK	
STREET ADDRESS	POB 1392 NA	
CITY-ST-ZIP	MARCO ISLAND FL 33969	

TITLE	D	<input type="checkbox"/> Delete
NAME	VANDER LAAN, RICHARD	
STREET ADDRESS	928 NE 24TH LANE #4	
CITY-ST-ZIP	CAPE CORAL FL 33909	

TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBS, VANESSA	
STREET ADDRESS	1721 SE 43 ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

941-458-1858

Daytime Phone #