

DOCUMENT # N96000002481

1. Entity Name
ST. GEORGE ISLAND YACHT CLUB, INC.

Principal Place of Business Mailing Address
312 GANDER 312 GANDER
ST GEORGE ISLAND FL 32328 ST GEORGE ISLAND FL 32328

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90015 018 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3269055** 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
IRVINE, WILLIAM A Name
312 GANDER ST Street Address (P.O. Box Number is Not Acceptable)
ST. GEORGE ISLAND FL 32328 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 *William Irvine* DATE *1/5/2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25 9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees **Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IRVINE, WILLIAM A		NAME		
STREET ADDRESS	312 GANDER ST		STREET ADDRESS		
CITY - ST - ZIP	ST. GEORGE ISLAND FL		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNELL, DENNIS E		NAME		
STREET ADDRESS	201 BRADFORD STREET		STREET ADDRESS		
CITY - ST - ZIP	EASTPOINT FL 32328		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUNDERBURK, ROBERT		NAME		
STREET ADDRESS	333 MARK STREET		STREET ADDRESS		
CITY - ST - ZIP	EASTPOINT FL 32328		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: *William Irvine* DATE *1/5/2001* Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)