## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2002 8:00 am DOCUMENT # N9600002481 Entity Name **Secretary of State** ST. GEORGE ISLAND YACHT CLUB, INC. 03-14-2002 90005 029 \*\*\*\*61.25 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 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3269055 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) IRVINE, WILLIAM A 312 GANDER ST ST. GEORGE ISLAND FL 32328 Zip Code FI 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE IRVINE, WILLIAM A NAME NAME CR2E037 312 GANDER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. GEORGE ISLAND FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE BARNELL, DENNIS E NAME NAME STREET ADDRESS 201 BRADFORD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EASTPOINT FL 32328** Delete --TITLE------. 🔲 . Change ..... 🔲 Addition TITLE~ FUNDERBURK, ROBERT NAME STREET ADDRESS 333 MARK STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EASTPOINT FL 32328 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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: DISCONSIDE E. BARNEU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-1-2007

Daytime Phone #