

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002602

1. Entity Name

THE BOAT CLUB HOMEOWNERS ASSOCIATION, INC. AT VI

Principal Place of Business

4400 BAYOU BLVD., #40  
PENSACOLA FL 32503

Mailing Address

4400 BAYOU BLVD., #40  
PENSACOLA FL 32503-1911

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3583374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARVAJAL, FERNANDO  
7101 KNOLLWOOD DR  
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name

DARRELL GOODEN

Street Address (P.O. Box Number is Not Acceptable)

4400 BAYOU BLVD #40

City

PENSACOLA

FL

Zip Code

32503

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]*

DARRELL GOODEN, PRES

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	D	<input type="checkbox"/> Delete
NAME	GOODEN, DARRELL	
STREET ADDRESS	4400 BAYOU BLVD., #40	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARASUA, SHERI	
STREET ADDRESS	4400 BAYOU BLVD., #40	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAEDAE, DON C	
STREET ADDRESS	3216 WINDMILL DR.	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
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]* DARRELL GOODEN, PRES, D

850 476-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90100 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE