

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90043 012 ****70.00

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

2. Principal Place of Business

P.O. BOX 5115

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5115

Suite, Apt. #, etc.

City & State

NAVARRE, FLA

City & State

NAVARRE FLA

Zip

32506

Country

USA

Zip

32506

Country

USA

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

GOODEN, DARRELL
4400 BAYOU BLVD., #40
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

RON DOZIER

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

2852 BOAT CLUB LANE

City

NAVARRE

FL

Zip Code
32506

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

RON DOZIER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RON DOZIER 2852 BOAT CLUB LANE NAVARRE FLA 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENE FRIAR 2850 BOAT CLUB LANE NAVARRE, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT METZELAAR 2866 BOAT CLUB LANE NAVARRE, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES R. DANIELS 2874 BOAT CLUB LANE NAVARRE, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

RON DOZIER, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)