

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 05-15-2000 90173 018 \*\*\*\*70.00

**DOCUMENT # N96000003544**

1. Entity Name

**BAYBORO YACHT CLUB, INC.**

Principal Place of Business

Mailing Address

1110 3RD ST., S.  
 ST. PETERSBURG FL 33701

P.O. BOX 1255  
 ST. PETERSBURG FL 33731-1255

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

**NOT APPLICABLE**

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

MEYER, JOHN  
 2707 JETTON AVE  
 TAMPA FL 33629

Name

**LEONARD VENCKUS**

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

**#178**

City

**2701 ROCKY POINT DRIVE**

**TAMPA**

FL

Zip Code

**33607**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **CHARETTE, BRADY**  
 STREET ADDRESS **2211 GREEN HILLS DR.**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **LEONARD VENCKUS**  
 STREET ADDRESS **2701 ROCKY POINT DRIVE #178**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **TD** ☒ Delete  
 NAME **WOOD, WILLIAM**  
 STREET ADDRESS **1109 PINELLAS BAY WAY #301**  
 CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **JANET DAVIDSON**  
 STREET ADDRESS **502 CENTER BROOK**  
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **SD** ☒ Delete  
 NAME **DOMANICO, LOIS**  
 STREET ADDRESS **5717 PINEY LANE DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **SHARON RIPLEY**  
 STREET ADDRESS **5000 CULBREATH KEY WAY # 4-205**  
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition  
 NAME **JIM RHODES**  
 STREET ADDRESS **1108 BRIGHTON WAY**  
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00**

Date

**813 286 8181**

Daytime Phone #

CR2E037 (9/99)