

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

5/7

05-07-2003 90159 045 *****61.25

DOCUMENT # N96000003544

1. Entity Name

BAYBORO YACHT CLUB, INC.



Principal Place of Business

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

Mailing Address

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

55052725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

CHARETTE, TOM
2211 GREENHILLS DR.
VALRICO FL 33549

7. Name and Address of New Registered Agent

Name **GRAVITT, JOHN**

Street Address (P.O. Box Number is Not Acceptable)
11891 RAINTREE DR.

City **TEMPLE TERRACE** **FL** Zip Code **33617**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Brundis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-7-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD CHARETTE, TOM**
STREET ADDRESS **2211 GREENHILLS DR.**
CITY-ST-ZIP **VALRICO FL 33549**

TITLE ☐ Delete
NAME **TD GRAVITT, JOHN**
STREET ADDRESS **11891 RAINTREE DR.**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
NAME **SD STUBBLEVINE, SHARON**
STREET ADDRESS **4905 34TH ST. S #5200**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE ☒ Delete
NAME **VD WEBB, GENE**
STREET ADDRESS **5884 100TH AVE. NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P/D GRAVITT, JOHN**
STREET ADDRESS **11891 RAINTREE DRIVE**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE ☐ Change ☒ Addition
NAME **V/D WILLIAM F DeMAMBRO**
STREET ADDRESS **1916 SEAGULL DR.**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☒ Change ☐ Addition
NAME **S/T/D SHARON A STUBBLEVINE**
STREET ADDRESS **301 2ND ST N #11**
CITY-ST-ZIP **ST PETERSBURG, FL 33701**

TITLE ☒ Change ☐ Addition
NAME **CHARETTE, TOM**
STREET ADDRESS **2211 GREENHILLS DR.**
CITY-ST-ZIP **VALRICO, FL 33544**

TITLE ☐ Change ☐ Addition
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:

SHARON A. STUBBLEVINE **SHARON A. STUBBLEVINE** **5/1/2003** **813-690-5026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)