

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90293 048 \*\*\*\*61.25

**DOCUMENT # N96000005202**

1. Entity Name

**PELICAN ISLE YACHT MEMBERSHIP, INC.**

Principal Place of Business

**410 DOCKSIDE DRIVE  
 NAPLES FL 34110**

Mailing Address

**410 DOCKSIDE DRIVE  
 NAPLES FL 34110-3600**

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 **59-3407598**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEBER, BRYAN L  
 8889 PELICAN BAY BLVD.  
 SUITE 302  
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **EDWARD R. OELSCHLAEGER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**601 BAYSHORE BLVD. SUITE 960**

City **TAMPA** FL Zip Code **33606**

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]*

**EDWARD R. OELSCHLAEGER**

**4/26/00**

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** ☐ Delete  
 NAME **OELSCHLAEGER, EDWARD R**  
 STREET ADDRESS **601 BAYSHORE BLVD, STE 960**  
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☒ Delete  
 NAME **WEBER, BRYAN L**  
 STREET ADDRESS **8889 PELICAN BAY BLVD, STE 302**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Delete  
 NAME **COLLINS, ROBERT S**  
 STREET ADDRESS **8889 PELICAN BAY BLVD, STE 302**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition  
 NAME **David Humphrey**  
 STREET ADDRESS **8889 Pelican Bay Blvd., Suite 302**  
 CITY-ST-ZIP **Naples, Florida 34108**

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

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

TITLE ☐ Change ☐ Addition  
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD R. OELSCHLAEGER 4/26/00 813-251-4868**

Date

Daytime Phone #

CR2E037 (9/99)