

2001 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-08-2001 90382 027 ****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

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

6. Name and Address of Current Registered Agent

OELSCHLAEGER, EDWARD R
601 BAYSHORE BLVD STE 960
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Bonnie K. Kirkbride**
 STREET ADDRESS **601 Bayshore Blvd. Suite 960**
 CITY-ST-ZIP **Tampa, Florida 33606**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/31/01 913 2914868

CR2E037 (10/00)