

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000000788****1. Entity Name**
CYC YOUTH SAILING FOUNDATION, INC.**Principal Place of Business**
1150 CLEVELAND ST
SUITE 300
CLEARWATER FL 33755
Mailing Address
830 S BAYWAY BLVD
CLEARWATER FL 34630**2. Principal Place of Business**
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State****City & State****4. FEI Number**
59-3515715
Applied For
Not Applicable**Zip**
Country**Zip**
Country**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**STROHAUER GARY N
1150 CLEVELAND ST
SUITE 300
CLEARWATER FL 33755
US**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 GARY N STROHAUER****04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KIDD RICHARD	214 HOWARD DR	BELLEAIR BEACH FL 33786	<input type="checkbox"/>
D	PHILLIPS ELISABETH	3 AMBLESIDE DR	CLEARWATER FL 33755	<input type="checkbox"/>
D	BILLING DAVID	227 BAYSIDE DRIVE	CLEARWATER FL 33767	<input type="checkbox"/>
D	TUGGLE PAUL	12 TANGELO TER	SAFETY HARBOR FL 34695	<input type="checkbox"/>
D	STROHAUER GARY N	1150 CLEVELAND ST SUITE 300	CLEARWATER FL 33755	<input type="checkbox"/>
D				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gary N Strohauser****D****04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)