2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000000788

Address:

City-St-Zip:

BELLEAIR BEACH, FL 33786

Entity Name: CYC YOUTH SAILING FOUNDATION, INC.

Jan 19, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1150 CLEVELAND ST SUITE 300 CLEARWATER, FL 33755 **New Mailing Address: Current Mailing Address:** 830 S BAYWAY BLVD CLEARWATER, FL 34630 FEI Number: 59-3515715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STROHAUER, GARY N 1150 CLEVELAND ST SUITE 300 CLEARWATER, FL 33755 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STROHAUER, GARY N Name: Name: 1150 CLEVELAND ST SUITE 300 Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: Title: () Delete () Change () Addition Name: TUGGLE, PAUL Name: Address: 12 TANGELO TER Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: Title: () Delete Title: () Change () Addition BILLING, DAVID Name: Name: 227 BAYSIDE DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PHILLIPS, ELISABETH Name: 3 AMBLESIDE DR Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: Title: () Delete () Change () Addition KIDD, RICHARD Name: Name: 214 HOWARD DR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAVID BILLING D 01/19/2002