

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001927

1. Entity Name

YACHT CLUBS SINGLES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90304 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~111 2ND AVENUE NE~~  
~~ST. PETERSBURG FL 33701~~  
~~US~~

~~P.O. BOX 1783~~  
~~ST. PETERSBURG FL 33731 4499~~  
~~US~~

2. Principal Place of Business

17716 Lee Ave., #3

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Redington Shores, FL

City & State

SAME

Zip

33708

Country

U.S.A.

Zip

SAME

Country

SAME

4. FEI Number

59-3443364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~KEATON, KAREN S~~  
~~111 2ND AVENUE NE SUITE 610~~  
~~ST. PETERSBURG FL 33701~~

7. Name and Address of New Registered Agent

Name  
Joan K. Driscoll

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

17716 Lee Ave., #3

City  
Redington Shores, FL

FL

Zip Code  
33708

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 Joan K. Driscoll

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

(NOTE: Registered Agent signature required when reinstating)

April 25, 2000

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	DP	<input checked="" type="checkbox"/> Delete
NAME	WAITE, JOHN E	
STREET ADDRESS	500 TREASURE ISLAND CAUSEWAY #50	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROM, RUTH	
STREET ADDRESS	4957 BACOPA LANE SOUTH, #304	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LAZZARA, ANTHONY	
STREET ADDRESS	3617 MULLEN AVENUE, #203	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Driscoll, Joan K.	
STREET ADDRESS	17716 Lee Ave., #3	
CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emmet, Alice	
STREET ADDRESS	2651 66th Way, N.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, <del>Norm</del> Morris	
STREET ADDRESS	6000 Bahia Del Mar Circle, #129	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joan K. Driscoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 25, 2000

Date

(727) 353-2620

Daytime Phone #

CR2E037 (9/99)