

2001 UNIFORM BUSINESS REPORT (UBR)

0090076

DOCUMENT # N97000003252

1. Entity Name

FLORIDA BEND REGIONAL SAILING ASSOC., INC.

FILED

01 APR 10 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

F S U CAMPUS RECREATION
136 TULLEY GYM
TALLAHASSEE FL 32306-4050

Mailing Address

F S U CAMPUS RECREATION
136 TULLEY GYM
TALLAHASSEE FL 32306-4050

2. Principal Place of Business

1510 OLD ST. AUGUSTINE RD

Suite, Apt. #, etc.

3. Mailing Address

1510 OLD ST. AUGUSTINE RD

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32301

Country

LEON

Zip

32301

Country

LEON

4. FEI Number

59-3507120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUVER, MICHAEL L
1353 E LAFAYETTE ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name RONALD A. BUNTING

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

1510 OLD SAINT AUGUSTINE RD

City Tallahassee

FL

Zip Code

32301

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 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 C/D
NAME RONALD A BUNTING ☐ Delete
STREET ADDRESS 1510 OLD ST AUGUSTINE RD
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☒ Delete
NAME HARTNEY, NICHOLAS A
STREET ADDRESS 770 APPELYARD DR., APT 15A
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D ☒ Delete
NAME RODGERS, G AARON
STREET ADDRESS 2003 TRIMBLE RD
CITY-ST-ZIP TALLAHASSEE FL 32303

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 800004014408
STREET ADDRESS -04/17/01--0111--019
CITY-ST-ZIP *****61.25 *****61.25

TITLE D ☒ Change ☐ Addition
NAME JASON GIBSON
STREET ADDRESS 2980 CATHEDRAL DR
CITY-ST-ZIP TALLAHASSEE, FL 32310 LS

TITLE D ☒ Change ☐ Addition
NAME PHIL SUMMERS
STREET ADDRESS 1168 E. TENNESSEE ST
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D ☐ Change ☒ Addition
NAME MARK SIMPSON
STREET ADDRESS 19 WEATHERLY AVE
CITY-ST-ZIP NEWPORT, RI 02840

TITLE D ☐ Change ☒ Addition
NAME KIKTA, JOSEPH F.
STREET ADDRESS 918 ABBIEGAIL DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

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

4/9/01

Daytime Phone #

850/877-4266

CR2E037 (10/00)