

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9700000 3252**

1. Entity Name

FLORIDA BEND REGIONAL SAILING ASSOC., INC.



DO NOT WRITE IN THIS SPACE

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

USA

Zip

32301

Country

USA

4. FEI Number

59-3507120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RONALD A. BUNTING

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

1510 OLD ST. AUGUSTINE RD.

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CO
RONALD A. BUNTING
1510 OLD ST. AUGUSTINE RD
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**100054669991
05/17/05--01035--015 **61.25**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GIBSON, JASON
1510 OLD ST. AUGUSTINE RD.
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SUMMERS, PHIL
1168 E. TENNESSEE ST.
TALLAHASSEE, FL 32304**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SIMPSON, MARK
1814 DACRON DR. APT B
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KIKTA, JOSEPH F.
918 ABBIEGAN DR.
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald A. Bunting

5-5-05

(850) 877-4266

CR2E037B (12/02)