

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N980000000004

1. Entity Name

TIMBER ISLAND YACHT CLUB, INC.

Principal Place of Business

BOX 313
CARRABELLE FL 32322

Mailing Address

BOX 313
CARRABELLE FL 32322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3504923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COODY, FLORENCE
308 MARINE STREET
CARRABELLE FL 32322

7. Name and Address of New Registered Agent

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

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 D
NAME COODY, FLORENCE
STREET ADDRESS MERIDIAN AVE
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

TITLE ~~VP~~
NAME BRYAN, JAMES
STREET ADDRESS NORTHWEST AVENUE F
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

TITLE ~~D~~
NAME GILDAY, PAUL R
STREET ADDRESS MARINE STREET
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

TITLE D
NAME COLLINS, MILLARD
STREET ADDRESS HOLLAND AVENUE
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

TITLE D
NAME KELLEY, BEVERLY
STREET ADDRESS 26TH STREET
CITY-ST-ZIP APALACHICOLA FL 32322 ☒ Delete

TITLE ~~D~~
NAME ~~Winchester~~
STREET ADDRESS KINCHESTER, SIDNEY
CITY-ST-ZIP THIRD STREET WEST
CARRABELLE FL 32322 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Dan Rosier
STREET ADDRESS Larry Drive
CITY-ST-ZIP Carrabelle, FL 32322 ☐ Change ☒ Addition

TITLE D
NAME Mary Claire Loyell
STREET ADDRESS Lighthouse Road
CITY-ST-ZIP Carrabelle, FL 32322 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/02
Date

850-697-8149
Daytime Phone #

CR2E037 (9/01)