

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90013 016 ****61.25

DOCUMENT # N98000000C244

1. Entity Name

PYCC MARINA ASSOCIATION, INC.

Principal Place of Business

4200 49TH ST. NORTH
ST. PETERSBURG FL 33709

Mailing Address

4200 49TH ST. NORTH
ST. PETERSBURG FL 33709

2. Principal Place of Business

4004 Golfside DR

Suite, Apt. #, etc.

3. Mailing Address

4004 Golfside DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32808

Country

ORANGE

Zip

32808

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PATRICK
4200 49TH ST. NORTH
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

W.R. COOK JR

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

4004 Golfside DR.

City

ORLANDO

FL

Zip Code

32808

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

W.R. COOK JR

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

(NOTE: Registered Agent signature required when reissuing)

DATE

4-27-01

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	JOHNSON, PATRICK	
STREET ADDRESS	4200 49TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	KIMBERLEY, RICHARD	
STREET ADDRESS	3301 BAYSHORE BLVD #805	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CHAPNICK, RODNEY V	
STREET ADDRESS	10190 125TH ST.	
CITY-ST-ZIP	SEMINOLE FL 33772	
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	W.R. COOK JR	
STREET ADDRESS	4004 Golfside DR.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT P. MARSHALL	
STREET ADDRESS	4004 GOLFIDE DR.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT P. MARSHALL	
STREET ADDRESS	4004 GOLFIDE DR.	
CITY-ST-ZIP	ORLANDO, FLA 32808	
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:

SIGNATURE COOK JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-01

407

299-7619 K236

Daytime Phone #

CR2E037 (10/00)