

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005191**

1. Entity Name

CENTRAL FLORIDA SAILING CLUB, INC.

Principal Place of Business

**1163 BALTIC LANE
WINTER SPRINGS FL 32708**

Mailing Address

**P O BOX 620281
OVIEDO FL 32762-0281**

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

59-3508669

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLAVIN, GRACE A
1340 TUSKAWILLA ROAD
WINTER SPRINGS FL 32708**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ARCH, H. EDWARD 1163 BALTIC LANE WINTER SPRINGS FL 32708	<input type="checkbox"/>		<input type="checkbox"/>
D LEMANSKI, RUSSELL G 1581 GROVE TERRACE WINTER PARK FL 32789	<input type="checkbox"/>		<input type="checkbox"/>
D WHITE, RUDY W 3638 OKEECHOBEE CIR CASSELBERRY FL 32707	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 647, 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

Daytime Phone #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90090 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)