

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005232

1. Entity Name

EAST CENTRAL FLORIDA BOARDSAILORS, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90018 042 ****61.25

Principal Place of Business

Mailing Address

2651 PINEAPPLE AVE.
MELBOURNE FL 32935

P.O. BOX 033472
INDIALANTIC FL 32903-0472

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3533382

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAAM, THOMAS J
2651 PINEAPPLE AVE.
MELBOURNE FL 32935

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	<input type="checkbox"/> Delete
NAME	CHAMBERS, LAURA H	
STREET ADDRESS	3590 S. ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAAM, THOMAS J	
STREET ADDRESS	2651 PINEAPPLE AVE.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONJELKO, DAVID P	
STREET ADDRESS	124 NEPTUNE COURT.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	TILLMAN, RICHARD L	
STREET ADDRESS	11382 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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	<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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J SAAM 5/1/00 321-223-0493

Daytime Phone #

CR2E037 (9/99)