

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005232

1. Entity Name

EAST CENTRAL FLORIDA BOARDSAILORS, INC.

Principal Place of Business

2651 PINEAPPLE AVE.  
MELBOURNE FL 32935

Mailing Address

P.O. BOX 033472  
INDIALANTIC FL 32903

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

59-3533382

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Date

Daytime Phone #

Signature: *Thomas J Saam* 3/30/01 321-223-0493

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90060 020 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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