

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001318

1. Entity Name

WEST COAST AIRBOAT, CLUB, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90046 009 \*\*\*\*61.25

Principal Place of Business

12723 CIRCLE LAKE DRIVE  
HUDSON FL 34669  
US

Mailing Address

P.O. BOX 7132  
HUDSON FL 34674  
US

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

59-3539980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BARRIE, DAN  
12723 CIRCLE LAKE DRIVE  
HUDSON FL 34669

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D BARRIE, DAN	12723 CIRCLE LAKE DRIVE	HUDSON FL 34669	<input type="checkbox"/>	<input type="checkbox"/>
	D MITCHELL, SCOTT	16349 CALDWELL LANE	SPRING HILL FL 34610	<input type="checkbox"/>	<input type="checkbox"/>
	D PADOVA, ANDY	10927 HAZEL AVENUE	HUDSON FL 34669	<input type="checkbox"/>	<input type="checkbox"/>
	D PORTO, KRIS	33842 CHANCEY ROAD	ZEPHYRHILLS FL 33543	<input type="checkbox"/>	<input type="checkbox"/>
	D SCHUFF, JOE	13038 KEEL COURT	HUDSON FL 34667	<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 #

CR2E037 (10/00)