

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-27-2003 90554 020 ***158.75

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DOCUMENT # P02000021017

1. Entity Name
JOHN'S PASS YACHT CLUB, INC.



Principal Place of Business
**4141 CENTRAL AVE.
ST. PETERSBURG FL 33713**

Mailing Address
**4141 CENTRAL AVE.
ST. PETERSBURG FL 33713**



2. Principal Place of Business
12781 Kingfish Drive
Suite, Apt. #, etc.

3. Mailing Address
12781 Kingfish Drive
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Treasure Island, FL
33706 Country **Pinellas**

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Treasure Island, FL
33706 Country **Pinellas**

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **Sidney A. Rice**
Street Address (P.O. Box Number is Not Acceptable)
12781 Kingfish Drive
City **Treasure Island** **FL** Zip Code **33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sidney A. Rice**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/25/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sidney A. Rice - President <input type="checkbox"/> Delete 12781 Kingfish Drive Treasure Island, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President <input type="checkbox"/> Delete Irving S. Ellsworth 12781 Kingfish Drive Treasure Island, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 the empowered.

SIGNATURE:

Sidney A. Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/25/03** DAYTIME PHONE # **87.367.2942**

CR2E034 (10/02)