

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0454745 AV

DOCUMENT # P93000040375



1. Entity Name  
ECOVENTURE YACHT CLUB, INC.

FILED

03 MAY 13 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
601 BAYSHORE BLVD.  
SUITE 960  
TAMPA FL 33606

Mailing Address  
601 BAYSHORE BLVD.  
SUITE 960  
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3188096

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

WOLFE, RANDOLPH J.  
100 NORTH TAMPA ST  
SUITE 2700  
TAMPA FL 33602

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

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
ST  
KIRKBRIDE, BONNIE K.  
STREET ADDRESS  
601 BAYSHORE BLVD.  
CITY-ST-ZIP  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400019741184  
05/22/03--01068--001 \*\*1488.75

TITLE  
NAME  
P  
OELSCHLAEGER, EDWARD R  
STREET ADDRESS  
601 BAYSORE BLVD. SUITE 960  
CITY-ST-ZIP  
TAMPA FL 33606

TITLE  
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CITY-ST-ZIP

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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 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 like empowered.

SIGNATURE:

Edward R. Oelschlaeger 3/18/03 813-251-4868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)