

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
 09-12-2001 90157 047 ***150.00

DOCUMENT # P94000060674

1. Entity Name
NORTH FLORIDA YACHT CENTER, INC.



Principal Place of Business
13846 ATLANTIC BLVD.
JACKSONVILLE FL 32225

Mailing Address
13846 ATLANTIC BLVD.
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3261627**

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

~~BROOKS, MICHAEL W~~
13846 ATLANTIC BLVD.
JACKSONVILLE FL 32225

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 _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **OVST**
 STREET ADDRESS **BROOKS, MICHAEL W**
 CITY-ST-ZIP **833 INGLESIDE AVE**
JACKSONVILLE FL 32205 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **DP**
 STREET ADDRESS **HILL, JAMES K**
 CITY-ST-ZIP **372 SEVENTH ST**
NEPTUNE BEACH FL 32233 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W BROOKS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/2001
 Date

904/201-5455
 Daytime Phone #

CR2E034 (5/01)

Attachment# Doc# P94000060674
80064754

North Florida



Yacht Center

13846 Atlantic Boulevard

Jacksonville FL 32225

904/221-5455

904/219-0651

Florida Department of State

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Re: P94000060674

Gentlemen:

Enclosed please find 2001 Uniform Business Report for North Florida Yacht Center, Inc., along with our check for the original filing fee of \$150.00.

Our records reflect we filed our report with you in May 2001 along with our check due with the report. This check has never cleared the bank nor has the mailing been returned to us.

We ask that the late filing fee be waived and you accept our filing fee of \$150.00 originally due along with the completed application. We appreciate your consideration of our request.

Respectfully submitted,

Michael W. Brooks

Vice President and Secretary/Treasurer