

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014892

1. Entity Name

YACHTMASTERS OF SARASOTA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90111 002 ***150.00

Principal Place of Business

290 COCOANUT AVENUE
SUITE 4
SARASOTA FL 34236

Mailing Address

290 COCOANUT AVENUE
SUITE 4
SARASOTA FL 34236-6650

2. Principal Place of Business

5795 SANDY POINTE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

5795 SANDY POINTE DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0644201

Applied For

Not Applicable

Zip

34233

Country

USA

Zip

34233

Country

USA

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

6. Name and Address of Current Registered Agent

JUNE, CHRISTOPHER G
290 COCOANUT AVE
STE 4
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5795 SANDY POINTE DRIVE

City

SARASOTA

FL

Zip Code

34233

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE P
NAME JUNE, CHRISTOPHER
STREET ADDRESS 290 COCOANUT AVENUE, STE. 4
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

TITLE V
NAME HAINES, SHANNON
STREET ADDRESS 290 COCOANUT AVE STE 4
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JUNE, CHRISTOPHER
STREET ADDRESS 5795 SANDY POINTE DRIVE
CITY-ST-ZIP SARASOTA, FL 34233

☐ Change

☐ Addition

TITLE V
NAME JUNE, SHANNON
STREET ADDRESS 5795 SANDY POINTE DRIVE
CITY-ST-ZIP SARASOTA, FL 34233

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SHANNON H. JUNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/00 941-923-7744

CR000170000