

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90035 040 \*\*\*150.00

DOCUMENT # **P96000072197**

1. Corporation Name  
**THE BOAT CLUB, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3326 LAKE SHORE BLVD  
STE 1  
JACKSONVILLE FL 32210  
US

Mailing Address  
3326 LAKE SHORE BLVD  
STE 1  
JACKSONVILLE FL 32210  
US

3. Date Incorporated or Qualified

**08/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

**59-3399739**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANT, MOORE, MACDONALD & WELLS, P.A.**  
**50 NORTH LAURA STREET**  
**SUITE 3100**  
**JACKSONVILLE FL 32202**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **TOOL, HAROLD R**  
STREET ADDRESS **12900 HELM DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**The Boat Club, Inc.**  
**3326 Lake Shore Blvd.**  
**Suite 1**  
**Jacksonville, FL 32210**

☒ Change ☐ Addition

**Address Change**

TITLE **D** ☐ DELETE  
NAME **TOOL, NANETTE C**  
STREET ADDRESS **12900 HELM DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**The Boat Club, Inc.**  
**3326 Lake Shore Blvd.**  
**Suite 1**  
**Jacksonville, FL 32210**

☒ Change ☐ Addition

**Address Change**

TITLE **D** ☐ DELETE  
NAME **HILT, MICHAEL J**  
STREET ADDRESS **3247 FIRESIDE DRIVE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**The Boat Club, Inc.**  
**3326 Lake Shore Blvd.**  
**Suite 1**  
**Jacksonville, FL 32210**

☒ Change ☐ Addition

**Address Change**

TITLE **D** ☐ DELETE  
NAME **HILT, PATTI P**  
STREET ADDRESS **3247 FIRESIDE DRIVE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**The Boat Club, Inc.**  
**3326 Lake Shore Blvd.**  
**Suite 1**  
**Jacksonville, FL 32210**

☒ Change ☐ Addition

**Address Change**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

**4/16/99**

**(904) 387-2628**

CR2E034 (1/98)