

FILED
Jun 29, 2001 8:00 am
Secretary of State

03-02-2001 90100 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

3/24

497-52-1256



DO NOT WRITE IN THIS SPACE

497-52-1256

4. FEI Number **APPLIED FOR** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

DOCUMENT # P96000095387			
1. Entity Name SHELL POINT YACHT CLUB, INC.			
Principal Place of Business 1661 ESTERO BLVD. SUITE 9 FORT MYERS BEACH FL 33901		Mailing Address 1661 ESTERO BLVD. SUITE 9 FORT MYERS BEACH FL 33901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LUCAS, LEONARD J. 1661 ESTERO BLVD., SUITE 9 FT. MYERS BEACH FL 33901		7. Name and Address of New Registered Agent 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 releasing) DATE _____			
9. This corporation is eligible to satisfy its tripartite Tax filing requirement and elects to do so. (See criteria on back) ☐		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PO- LUCAS, LEONARD J 3728 LIBERTY SQUARE FT. MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONNER, KENT 102 EAST OAK MAHOMET IL 61853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONNER, CAREY E 1912 BYRNEBRUK DRIVE CHAMPAIGN IL 61821 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(b), 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: <u>Leonard J. Lucas</u> LEONARD J. LUCAS 941-463-4424 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Time Phone #			

CR20034 (1000)