

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005524

1. Entity Name

PELICAN BAY OUTFITTERS & CO., INC.

Principal Place of Business

CHADWICK'S SQUARE
310-320
CAPTIVA FL 33924
US

Mailing Address

P. O. BOX 665
CAPTIVA FL 33924-0665
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

798 CYPRESS LAKE CIR

Suite, Apt. #, etc.

City & State

City & State

Fort Myers FL

Zip

Country

Zip

33919

Country

USA

4. FEI Number

65-0774792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUGHER, BRIAN J
15220 PORTSIDE DR., #202
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

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

798 CYPRESS LAKE CIRCLE

City

Fort Myers

FL

Zip Code

33919

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
BAUGHER, BRIAN J.
15220 PORTSIDE DR., #202
FT MYERS FL 33908

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
BAUGHER, GARY D
6951 DEEP LAGOON LN
FT MYERS FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

798 CYPRESS LAKE CIRCLE
FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

Fort Myers, FL 33919

TITLE
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CITY-ST-ZIP

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

941-472-4717

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90120 014 ***150.00



DO NOT WRITE IN THIS SPACE