

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031055

1. Entity Name

GULF HARBOUR YACHT CLUB, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90044 015 \*\*\*150.00

Principal Place of Business

Mailing Address

14490 VISTA RIVER DRIVE  
FORT MYERS FL 33908

14490 VISTA RIVER DRIVE  
FORT MYERS FL 33908-7911

611636

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0749473**

☐ 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

SIMON, THOMAS R  
14490 VISTA RIVER DRIVE  
FORT MYERS FL 33908

Name

PHILIP N. KNISKERN

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

11211 Compass Point Drive

City

Ft. Myers

FL

Zip Code  
33908

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIMON, THOMAS R	
STREET ADDRESS	12384 KELLY SANDS WAY	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	RC	<input type="checkbox"/> Delete
NAME	CUSTER, GENE	
STREET ADDRESS	11471 WELLFLEET DR	
CITY-ST-ZIP	FT MYERS FL 33-9008	
TITLE	C	<input type="checkbox"/> Delete
NAME	RANDALL, HARRY	
STREET ADDRESS	12390 COCONUT CREEK CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	EISENBERG, ROLAND	
STREET ADDRESS	11146 HARBOUR ESTATES CIR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PFEIFFER, VICTOR	
STREET ADDRESS	14350 C HARBOUR LANDINGS DR. 14580 Dory La.	
CITY-ST-ZIP	FT MYERS FL 33908-7911	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARNER, DEAN	
STREET ADDRESS	11490 COMPASS POINT DR	
CITY-ST-ZIP	FT MYERS FL 33908	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	KNISKERN, Philip N. Treasurer	
STREET ADDRESS	11211 Compass Point Drive	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Philip N. Kniskern

January 30, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #