

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90094 046 \*\*\*150.00

**DOCUMENT # 631660**  
 1. Entity Name  
**BELLEAIR BEACH YACHT CLUB, INC.**

Principal Place of Business <b>444 CAUSEWAY BLVD BELLEAIR BCH F 34634 US</b>	Mailing Address <b>444 CAUSEWAY BLVD BELLEAIR BCH F 34634 US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1930791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ATEBERRY, WILLIAM L.  
 444 CAUSEWAY BLVD  
 BELLEAIR BCH FL 34635**

7. Name and Address of New Registered Agent  
 Name: **MICHAEL E. KELLY**  
 Street Address (P.O. Box Number is Not Acceptable): **444 Causeway Blvd.**  
 City: **Belleair Beach** FL Zip Code: **33786**

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: *Michael E. Kelly*  
**Michael E. Kelly - President** DATE: **4/3/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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: <b>DP</b> <input checked="" type="checkbox"/> Delete	NAME: <b>ATEBERRY, WILLIAM L.</b>
STREET ADDRESS: <b>444 CAUSWAY BLVD</b>	CITY-ST-ZIP: <b>BELLEAIR BCH FL</b>
TITLE: <b>VP</b> <input checked="" type="checkbox"/> Delete	NAME: <b>WOOLCOTT, KAYE</b>
STREET ADDRESS: <b>444 CAUSEWAY BLVD</b>	CITY-ST-ZIP: <b>BELLEAIR BEACH FL</b>
TITLE: <b>S</b> <input type="checkbox"/> Delete	NAME: <b>POLLICK, CHUCK</b>
STREET ADDRESS: <b>444 CAUSEWAY BLVD</b>	CITY-ST-ZIP: <b>BELLEAIR BEACH FL</b>
TITLE: <b>DT</b> <input type="checkbox"/> Delete	NAME: <b>CUTLER, BERT</b>
STREET ADDRESS: <b>444 CAUSEWAY BLVD</b>	CITY-ST-ZIP: <b>BELLEAIR BEACH FL</b>
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Kelly, Michael E.</b>
STREET ADDRESS: <b>444 Causeway Blvd.</b>	CITY-ST-ZIP: <b>Belleair Beach, FL 33786</b>
TITLE: <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Park, Robert</b>
STREET ADDRESS: <b>444 Causeway Blvd.</b>	CITY-ST-ZIP: <b>Belleair Beach, FL 33786</b>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 empowers.

SIGNATURE: *Michael E. Kelly*  
**Michael E. Kelly - President** DATE: **4/3/01** (727) 595-4646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)