

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 175601

1. Entity Name

POMPANO SURF CLUB INC

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90031 010 \*\*\*150.00

Principal Place of Business

Mailing Address

1100 SOUTH OCEAN BLVD  
 POMPANO BEACH FL 33062

1100 SOUTH OCEAN BLVD  
 POMPANO BEACH FLA 33062-6667  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1266763

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, ROBERT J.  
 SUITE 400 WEST BUILDING  
 1900 CORPORATE BLVD NW  
 BOCA RATON FL 33431

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 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 type="checkbox"/> Delete
NAME	CARROZA, JAMES	
STREET ADDRESS	1100 S. OCEAN BLVD #A-7	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, ALICE	
STREET ADDRESS	1100 S. OCEAN BLVD #D-3	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BUTSCHI, SUZANNE	
STREET ADDRESS	1100 S. OCEAN BLVD #A-10	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	R	<input checked="" type="checkbox"/> Delete
NAME	WYRTZEN, HARRY W	
STREET ADDRESS	1100 S. OCEAN BLVD., C-11	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, RAY	
STREET ADDRESS	1100 S. OCEAN BLVD., C-12	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	REILLY, WAYNE	
STREET ADDRESS	1100 S. OCEAN BLVD, D-4	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reilly, Wayne	
STREET ADDRESS	1100 S. Ocean Blvd	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Roberts	
STREET ADDRESS	1100 S. Ocean Blvd.	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Ricci	
STREET ADDRESS	1100 S. Ocean Blvd.	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK CARMAN	
STREET ADDRESS	1100 S. Ocean Blvd.	
CITY-ST-ZIP	Pompano Beach, FL. 33062	
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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY MILLER VP

03/30/2000

Date

Daytime Phone #

(954) 941-7555

CR2E034 (9/99)