

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90327 014 ***150.00

DOCUMENT # 175601

1. Entity Name
POMANO SURF CLUB INC

Principal Place of Business 1100 SOUTH OCEAN BLVD POMANO BEACH FL 33062	Mailing Address 1100 SOUTH OCEAN BLVD POMANO BEACH FL 33062 US
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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

4. FEI Number **59-1266763** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HUNT, ROBERT J.
SUITE 400 WEST BUILDING
1900 CORPORATE BLVD NW
BOCA RATON FL 33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	Del Doucet 1100 S Ocean Blvd B-6 Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP	JOAN T. ROBERTS 1100 S. OCEAN BLVD E-1 POMANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	Bonnie Ricci 1100 S. Ocean Blvd. E-14 Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	Tom Baryl 1100 S OCEAN BLVD D-14 POMANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP	FRANK CARMAN 1100 S. OCEAN BLVD. B-10 POMANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joan T Roberts*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001 (954) 941-7555
 Date Daytime Phone #

CR2E034 (10/00)