

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90010 036 \*\*\*150.00

**DOCUMENT # 189001**

1. Entity Name  
**FORT LAUDERDALE SURF CLUB INC**

Principal Place of Business 425 BAYSHORE DR FT LAUDERDALE FL 33304	Mailing Address 425 BAYSHORE DR FT LAUDERDALE FLA 33304-4227
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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 **59-0769554**      Applied For  
 Not Applicable

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

**CLARK, HOWARD**  
**425 BAYSHORE DRIVE**  
**FORT LAUDERDALE FL 33304**

Name **David Walsh**  
 Street Address (P.O. Box Number is Not Acceptable)  
**425 Bayshore Drive Unit #33**  
**Fort Lauderdale,**  
 City **Florida**      **FL**      Zip Code **33304**

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 *David Walsh*  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOWARD CLARK</b> <b>425 BAYSHORE DR</b> <b>FT LAUDERDALE, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>YELLE, DENIS</b> <b>425 BAYSHORE DR</b> <b>FT LAUDERDALE, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUKSTA, FRANCIS</b> <b>425 BAYSHORE DRIVE</b> <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>David Walsh</b> <b>425 Bayshore Drive Unit #33</b> <b>Fort Lauderdale, FL 33304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Director Maint</b> <b>Pierre Emond</b> <b>425 Bayshore Drive Unit #11</b> <b>Fort Lauderdale, FL 33304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Francis T. Duksta*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/00*  
 Date

Daytime Phone #

CR2E034 (9/99)