

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705671

1. Entity Name

OFFSHORE POWER BOAT RACING ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

P.O. BOX 69-4733  
MIAMI FL 33269-8733

P.O. BOX 69-4733  
MIAMI FL 33269-8733

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

59-1172394

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

VANKIRK, DOTTIE  
1147 HOLLYWOOD BLVD  
HOLLYWOOD FL 33019

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

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: S  Delete  
NAME: COOPER, DAVIS C  
STREET ADDRESS: 3745 NE 171ST STREET, #58  
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160

TITLE:  Change  Addition  
NAME: COVELLO MICHAEL  
STREET ADDRESS: 40 3917 ADAMS ST.  
CITY-ST-ZIP: HOLLYWOOD, FL 33021

TITLE: VP  Delete  
NAME: KENYON, JOHN  
STREET ADDRESS: 2310 NE 215 ST  
CITY-ST-ZIP: N. MIAMI BCH. FL

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: D  Delete  
NAME: FLEISCHMAN, DEBBIE  
STREET ADDRESS: 8612 NW 79TH STREET  
CITY-ST-ZIP: TAMARAC FL 33321

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: D  Delete  
NAME: MAZZONE, DON  
STREET ADDRESS: 8501 N.W. 170 LANE  
CITY-ST-ZIP: MIAMI FL

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: P  Delete  
NAME: KRINER, ART JR  
STREET ADDRESS: 3917 ADAMS ST  
CITY-ST-ZIP: HOLLYWOOD FL 33019

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: TD  Delete  
NAME: VAN KIRK, DOTTIE  
STREET ADDRESS: 1147 HOLLYWOOD BLVD  
CITY-ST-ZIP: HOLLYWOOD FL 33019

TITLE:  Change  Addition  
NAME: VANKIRK DOROTHY  
STREET ADDRESS: 1147 HOLLYWOOD BLVD  
CITY-ST-ZIP: HOLLYWOOD FL 33019

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dorothy Van Kirk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00  
Date

954923-2777  
Daytime Phone #