

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91567 031 ****61.25

DOCUMENT # 705671

1. Entity Name
OFFSHORE POWER BOAT RACING ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P.O. BOX 69-4733 P.O. BOX 69-4733
 MIAMI FL 33269-8733 MIAMI FL 33269-8733

A0069520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address **SAME**

4. FEI Number **59-1172394** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VANKIRK, DOTTIE
1147 HOLLYWOOD BLVD
HOLLYWOOD FL 33019

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 *Dorothy Van Kirk* DATE **1/22/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	COOPER, DAVIS C <input checked="" type="checkbox"/> Delete	TITLE S	GARY LANSEER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3745 NE 171ST STREET, #58	STREET ADDRESS	7115 SW 95th ST.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	CITY-ST-ZIP	MIAMI, FL 33156
TITLE VP	KENYON, JOHN <input type="checkbox"/> Delete	TITLE D	JOHN KENYON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2310 NE 215 ST	STREET ADDRESS	2310 NE 215 ST
CITY-ST-ZIP	N MIAMI BCH. FL	CITY-ST-ZIP	N. M. I. A. BCL, FL 33180
TITLE D	FLEISCHMAN, DEBBIE <input type="checkbox"/> Delete	TITLE VP	STEVEN DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8812 NW 79TH STREET	STREET ADDRESS	2430 NE 49th ST.
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE D	MAZZONE, DON <input type="checkbox"/> Delete	TITLE D	MICHAEL Corello <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8501 N.W. 170 LANE	STREET ADDRESS	623 ANDERSON Circle #204
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE P	KRINER, ART JR <input type="checkbox"/> Delete	TITLE D	GUY MAZZONE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3917 ADAMS ST	STREET ADDRESS	7185 SPANDE DR
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE TD	VAN KIRK, DOTTIE <input type="checkbox"/> Delete	TITLE D	CRAIG PAUL SON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1147 HOLLYWOOD BLVD	STREET ADDRESS	4876 NW 6th ST.
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	PLANTATION, FL 33317

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* DATE: **1/22/01** 954 923-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)