

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90088 013 ****61.25

DOCUMENT # 713312

1. Entity Name

GABLES ESTATES YACHT CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 393
 SOUTH MIAMI FL 33243

P O BOX 393
 SOUTH MIAMI FL 33243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6159364

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, KATHLEEN L
16241 SW 282 ST
HOMESTEAD FL 33031

Name **SAME**

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

Kathleen Richardson
 Signature, typed or printed name of registered agent and title if applicable.

KATHLEEN RICHARDSON
 (NOTE: Registered Agent signature required when reinstating)

1/19/00
 DATE

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 **RCD** Delete
 NAME **NEUHAUSER, SUSAN**
 STREET ADDRESS **1 ARVIDA PARKWAY**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** Delete
 NAME **NASR, MICHEL**
 STREET ADDRESS **365 ARVIDA PKWY**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **FCAD** Delete
 NAME **THYREE, ROLF**
 STREET ADDRESS **2 LEUCADENDRA DR.**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GILBRIDE, JAMES**
 STREET ADDRESS **655 CASUARINA CONCOURSE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **LASHAR, WILLIAM L. JR.**
 STREET ADDRESS **400 ARVIDA PKWY**
 CITY-ST-ZIP **CORAL GABLES, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **FSDD** Delete
 NAME **BOHN, RICHARD H.**
 STREET ADDRESS **540 CASUDRINA CONCRS**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Susan Neuhauser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 663-6035

CR2E037 (9/99)