

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90791 001 ***122.50

DOCUMENT # 713312

1. Entity Name
GABLES ESTATES YACHT CLUB, INC.



Principal Place of Business
**P O BOX 393
SOUTH MIAMI FL 33243**

Mailing Address
**P O BOX 393
SOUTH MIAMI FL 33243**

55000956



2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-6159364**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
RCD NEWHAUSER, SUSAN	1 ARVIDA PARKWAY CORAL GABLES FL		
VCD NEWHAUSER, RICHARD	1 ARVIDA PARKWAY CORAL GABLES FL 33156		
FCAD THYREE, ROLF	2 LEUCADENDRA DR. CORAL GABLES FL	FCAD THYREE MUFFIE	2 LEUCADENDRA DRIVE CORAL GABLES FL 33156
SD GILBRIDE, JAMES	655 CASUARINA CONCOURSE CORAL GABLES FL		
TD LASHAR, WILLIAM L. JR.	400 ARVIDA PKWY CORAL GABLES, FL 00000		
FSDD BOHN, RICHARD H.	540 CASUDRINA CONCRS CORAL GABLES FL		

CR2E037 (10/02)

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: *Arthur [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

1/8/03 (305) 248-7746