

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90127 045 ****61.25

DOCUMENT # 716219

1: Entity Name

BISCAYNE BAY YACHT CLUB

Principal Place of Business

Mailing Address

2540 SOUTH BAYSHORE DR
 MIAMI FL 33133
 US

2540 SOUTH BAYSHORE DR
 MIAMI FL 33133-4705
 US

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

59-0165090

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

HECTOR, ROBERT C JR
2540 S BAYSHORE DRIVE
MIAMI FL 33133

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

Robert C. Hector Jr.

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 ✓

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	DP	<input checked="" type="checkbox"/> Delete
NAME	KLINE, CHARLES	
STREET ADDRESS	8421 PONCE DELEON ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRUITT, PETER T JR	
STREET ADDRESS	6520 SW 131 STREET	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HENRY, EDMUND T. III	
STREET ADDRESS	1836 ESPANOLA DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HECTOR, ROBERT C JR	
STREET ADDRESS	6001 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PIPER, WILLIAM SCOTT	
STREET ADDRESS	SUITE 607, 8950 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUILLIAN, WARREN W. 1	
STREET ADDRESS	6901 CARAMEN STREET	
CITY-ST-ZIP	CORAL GABLES, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, EDMUND T. III	
STREET ADDRESS	1836 ESPANOLA DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert C. Hector Jr.* **SIGNATURE REQUIRED** *1/11/95* *305/858/6303*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)