

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90039 035 \*\*\*\*61.25

**DOCUMENT # 722694**  
 1. Entity Name  
**HOBE SOUND YACHT CLUB**

Principal Place of Business      Mailing Address  
 280 S. BEACH RD.      280 S. BEACH RD.  
 HOBE SOUND FL 33455      HOBE SOUND FL 33455-2601

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-0756893**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HENNESSY, BENJAMIN D**  
**280 S. BEACH RD.**  
**HOBE SOUND FL 33455**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)      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	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STEELE, EDWARD C</b>
STREET ADDRESS	<b>280 S BEACH RD</b>
CITY-ST-ZIP	<b>HOBE SOUND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WARNER, RAWLEIGH</b>
STREET ADDRESS	<b>24 RIVERVIEW RD</b>
CITY-ST-ZIP	<b>HOBE SOUND FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MOORE, WILLIAM H</b>
STREET ADDRESS	<b>280 S. BEACH RD.</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, HAYS</b>
STREET ADDRESS	<b>280 S. BEACH RD.</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FORD, FREDERICK S JR.</b>
STREET ADDRESS	<b>280 S. BEACH RD.</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JANSING, JOHN C</b>
STREET ADDRESS	<b>162 S BEACH RD</b>
CITY-ST-ZIP	<b>HOBE SOUND FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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: Steele Edward C      **FILED**      1-6-2000      521 346 5116