## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 27, 2002 8:00 am Secretary of State **DOCUMENT # 729653** 1. Entity Name LAUDERDALE SMALL BOAT CLUB, INC. 03-27-2002 90004 011 \*\*\*\*61.25 Principal Place of Business Mailing Address 1740 S.W. 42ND STREET 1740 S.W. 42ND STREET FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0873268 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agents Name Street Address (P.O. Box Number is Not Acceptable) HEAD C.P.A., WILLIAM 8751 W BROWARD BLVD PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change □ Addition SD TITLE □ Delete TITLE LENZ, CARL NAME NAME 9142 A SW 23 STREET STREET ADDRESS STREET ADDRESS FT=LAUDERDALE-FL= CITY-ST-ZIP-CITY-ST-ZIP-☐ Addition Delete ☐ Change PD TITLE TITLE BERRY, CURTISS NAME NAME 601 SW 19 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Change ☐ Addition \_\_ Delete TITLE TITLE TURNER, WILLIAM R. NAME NAME STREET ADDRESS STREET ADDRESS 5170 SW 21 CT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317-6052 PD Change ☐ Addition ☐ Delete TITLE. TITLE NAME NAME BRITTAIN, C E STREET ADDRESS STREET ADDRESS PO BOX 13014 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

3-15-02 954-359-7659