

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90070 019 ****61.25

DOCUMENT # N37461

1. Entity Name

ADMIRALS COVE YACHT CLUB, INC.

Principal Place of Business

Mailing Address

200 ADMIRALS COVE BLVD.
 JUPITER FL 33477

200 ADMIRALS COVE BLVD.
 JUPITER FL 33477-4046

2. Principal Place of Business

3. Mailing Address

PO BOX 2722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter FL

4. FEI Number

65-0182857

Applied For

Not Applicable

Zip

Country

33468

Country

USA

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

PETERSON, KATHERINE Y
446 MARINER DR
JUPITER FL 33477

Name *JULIAN C. LIGHT*

Street Address (P.O. Box Number is Not Acceptable) *95 REGATTA DRIVE*

City *JUPITER*

FL

Zip Code *33477*

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]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/29/00
 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 **DVC** Delete
 NAME **NORDIN, ROBERT**
 STREET ADDRESS **904 CAPTAINS WAY**
 CITY-ST-ZIP **JUPITER FL**

TITLE *P/D* Change Addition
 NAME *NORDIN, ROBERT*
 STREET ADDRESS *111 VICTORY DRIVE*
 CITY-ST-ZIP *JUPITER, FL 33477*

TITLE **DRC** Delete
 NAME **STARK, AL**
 STREET ADDRESS **358 EAGLE DR**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE *T/D* Change Addition
 NAME *JULIAN C. LIGHT, JULIAN C.*
 STREET ADDRESS *95 REGATTA DRIVE*
 CITY-ST-ZIP *JUPITER, FL 33477-4089*

TITLE **DRC** Delete
 NAME **PETERSON, KATHERINE**
 STREET ADDRESS **446 MARINER DR.**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **FC** Delete
 NAME **DECTOR, IRVING**
 STREET ADDRESS **418 MARINER DR**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE *V/D* Change Addition
 NAME *DECTOR, IRVING*
 STREET ADDRESS *418 MARINER DR*
 CITY-ST-ZIP *JUPITER FL 33477*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

1/29/00
 Date

561 747-1860
 Daytime Phone #

CR2E037 (9/99)