

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-14-2002 90020 014 ****61.25

DOCUMENT # N37461

1. Entity Name
ADMIRALS COVE YACHT CLUB, INC.

Principal Place of Business Mailing Address
200 ADMIRALS COVE BLVD. **PO BOX 2722**
JUPITER FL 33477 **JUPITER FL 33468**

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
65-0182857 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LIGHT, JULIAN C
95 REGATTA DRIVE
JUPITER FL 33477

7. Name and Address of New Registered Agent
 Name: **D. ROBERT LEWIS**
 Street: **217 Island Drive**
 City: **Jupiter, FL 33477**
(561) 744-6811 Cell: 308-1355

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: *Julian C Light* *D. Robert Lewis* 6/12/02 4/24/02
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE (APPLICABLE) (Typed Registered Agent Signature Required When Reinstating) DATE
D. ROBERT LEWIS

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	FAFARD, HOWARD	
STREET ADDRESS	206 SPYGLASS LANE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DRC	<input checked="" type="checkbox"/> Delete
NAME	STARK, AL	
STREET ADDRESS	358 EAGLE DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LIGHT, JULIAN C	
STREET ADDRESS	95 REGATTA DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	FC	<input checked="" type="checkbox"/> Delete
NAME	DECTOR, IRVING	
STREET ADDRESS	418 MARINER DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, BARRY	
STREET ADDRESS	188 SPYGLASS LANE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WILBRECHT, JANE	
STREET ADDRESS	102 S VILLAGE WAY	
CITY-ST-ZIP	JUPITER FL 33477	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAFARD, HOWARD	
STREET ADDRESS	206 SPYGLASS LANE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, D. ROBERT	
STREET ADDRESS	217 ISLAND DRIVE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, PETER	
STREET ADDRESS	422 MARINER DRIVE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, LOIC	
STREET ADDRESS	175 COMMODORE DRING	
CITY-ST-ZIP	JUPITER FL 33477	
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: *Julian C Light* *D. Robert Lewis* 6/12/02 561-744-6811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #