

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90079 029 \*\*\*\*61.25

**DOCUMENT # N41533**  
 1. Entity Name  
**YPO FORTY-NINERS OF FLORIDA, INC.**

Principal Place of Business      Mailing Address  
**125 WORTH AVE**      **C/O H LOY ANDERSON JR**  
**#100**      **125 WORTH AVE #100**  
**PALM BEACH FL 33480**      **PALM BEACH FL 33480-4466**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

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 **59-3109865**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ANDERSON, H L JR**  
**125 WORTH AVE**  
**STE 100**  
**PALM BEACH FL 33480**

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 \_\_\_\_\_ (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>ALTMAN, JOEL L</b> <b>2201 CORPORATE BLVD NW #200</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OC</b> <b>ALPERT, BARRY M</b> <b>239 BATH CLUB BLVD N</b> <b>N REDINGTON BEACH FL 33708</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITCOMB, STANLEY P</b> <b>5133 CASTELLO DR. - #1</b> <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LONDON, R K</b> <b>11222 QUAIL ROOST DRIVE</b> <b>MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANDERSON, LOY</b> <b>125 WORTH AVE.</b> <b>PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 REQUIRED      Date \_\_\_\_\_      Daytime Phone # **561-653-5560**

CR2E037 (9/99)

*H. Loy Anderson, Jr.*

POST OFFICE BOX 3227 • PALM BEACH, FLORIDA 33480

4101444

D# N41533

April 3, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL. 32302-1500

Re: YPO Forty-Niners of Florida, Inc.  
Reference No.: N41533

Dear Sir or Madam:

Please find listed below the Directors requested in Section 11:

Alfred S. Austin  
4617 San Miguel  
Tampa, FL. 33629

Alan B. Levan  
BankAtlantic  
1750 E. Sunrise Blvd.  
Ft. Lauderdale, FL. 33304

Jack Painter  
2210 Coffee Pot Blvd., NE  
St. Petersburg, FL. 33704

Sincerely,



H. Loy Anderson, Jr.  
Treasurer

