

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90015 035 ****61.25

DOCUMENT # N96000000701

1. Entity Name

VENTURE SAILING CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

322 FLUVIA AVE.
 CORAL GABLES FL 33134

322 FLUVIA AVE.
 CORAL GABLES FL 33134-7316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0655674

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMAT, FAYE M
7310 S.W. 140TH AVE.
MIAMI FL 33183

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	BOTTOMELY, DON	
STREET ADDRESS	35250 SW 177TH CT #8	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, ANGEL	
STREET ADDRESS	750 NW 43RD AVE #605	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASD	
NAME	MCGHEE, WILLIAM	
STREET ADDRESS	322 FLUVIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HABER EVELYN	
STREET ADDRESS	2462 SW 22ND TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	FC	<input checked="" type="checkbox"/> Delete
NAME	RABELL, LOUIS	
STREET ADDRESS	1700 S BAYSHORE LN	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TAMARA, ED	
STREET ADDRESS	5021 S.W. 151 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33027	

TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA MOORE, MARIA	
STREET ADDRESS	1725 S.W. 24th Street	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRY KLINE, KERRY	
STREET ADDRESS	9902 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUGENT, JOAN	
STREET ADDRESS	12135 N.E. 11 PLACE	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, RUSS	
STREET ADDRESS	2100 NW 188 Terrace	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Treasurer)

JOAN NUGENT 2-25-2000

Date

Daytime Phone #

(305) 757-6950 (ext. 16)

CR2E037 (9/99)