

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 08:00 AM
Secretary of State

DOCUMENT # N96000000701

1. Entity Name
 VENTURE SAILING CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business 322 FLUVIA AVE. CORAL GABLES FL 33134	Mailing Address 322 FLUVIA AVE. CORAL GABLES FL 33134
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2. Principal Place of Business 9902 ROYAL PALM BLVD	3. Mailing Address 9902 ROYAL PALM BLVD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
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Zip 33065	Country	Zip 33065	Country
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4. FEI Number 65-0655674	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMAT FAYE M
 7310 S.W. 140TH AVE.

 MIAMI FL
 33183 US

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 _____ DATE **01/11/2001**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAMARA ED 5021 S.W. 151 TERRACE MIRAMAR FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC HORN RUSS 2100 NW 188 TERRACE PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NUGENT JOAN 12135 N.E. 11 PLACE N MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MCGHEE WILLIAM 322 FLUVIA AVE. CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLINE KERRY K 9902 ROYAL PALM BLVD CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD MOORE MARIA M 1725 S.W. 24 STREET MIAMI FL 33145 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC FERGUSON MARK 9780 SW 120 STREET MIAMI FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARLOW MARY JO 11920 SW 35 TERR MIAMI FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD KLINE KAREN G 9902 ROYAL PALM BLVD CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALDEN DALE 420 NW 190 AVE PEMBROKE PINES FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KLINE KERRY S 9902 ROYAL PALM BLVD CORAL SPRINGS FL 33065 <input checked="" 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)(f), 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: KERRY S. KLINE CPD 01/11/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)