

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90004 032 \*\*\*\*61.25

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**DOCUMENT # N96000002657**

1. Entity Name  
**SAILING FOUNDATION OF THE PALM BEACHES, INC.**

Principal Place of Business  
**138 BARTON AVENUE  
 PALM BEACH FL 33480**

Mailing Address  
**P O BOX 14594  
 NORTH PALM BEACH FL 33408  
 US**

**C0075569**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**249 ROYAL PALM WAY**  
 Suite, Apt. #, etc.  
**SUITE 403**

3. Mailing Address  
 City & State  
**PALM BEACH, FL**  
 Zip  
**33480** Country  
**PALM BEACH**

4. FEI Number **65-0681760** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HOUGH, JOHN M  
 249 ROYAL PALM WAY  
 SUITE 403  
 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**  
**After September 12, 2001, min. will be \$236.25**

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>DP DIRECTOR</b> <input type="checkbox"/> Delete <b>KIRKBRIDE, WALTER</b> <b>138 BARTON AVE</b> <b>PALM BEACH FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DIRECTOR &amp; TREASURER</b> <input type="checkbox"/> Delete <b>HOUGH, JOHN H</b> <b>7 ALNWICK ROAD</b> <b>PALM BEACH GARDENS FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DIRECTOR &amp; PRESIDENT</b> <input type="checkbox"/> Delete <b>HINCKLEY, EDWARD</b> <b>2692 LONE PINE ROAD</b> <b>PALM BCH GARDENS FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input checked="" type="checkbox"/> Delete <b>WILLIAMS, LISA</b> <b>21 MCKINLEY ROAD</b> <b>FALMOUTH ME 04105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ROYAL, MICHELE</b> <b>277 PENDLETON AVENUE</b> <b>PALM BEACH FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIRECTOR &amp; SECRETARY</b> <input type="checkbox"/> Delete <b>FIERER, JOSHUA DR</b> <b>132 LAKESHORE DR, APT 1020</b> <b>NORTH PALM BEACH FL 33408</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KIRKBRIDE, WALTER</b> <b>138 BARTON AVE</b> <b>PALM BEACH FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR &amp; TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HOUGH, JOHN H</b> <b>7 ALNWICK ROAD</b> <b>PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HINCKLEY, EDWARD</b> <b>2692 LONE PINE ROAD</b> <b>PALM BEACH GDNS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FREEMAN, HOWARD</b> <b>133 VINTAGE ISLE LAKE</b> <b>PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR &amp; SECTRAY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>FIERER, JOSHUA DR</b> <b>132 LAKESHORE DR, APT 1020</b> <b>NORTH PALM BEACH, FL 33408</b>

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: **SIGNATURE REQUIRED PRESIDENT** **8-19-2001** **561-775-1980**

CR2E037 (5/01)