

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90007 034 ***150.00

DOCUMENT # P95000080114

1. Entity Name
PALM BEACH YACHT CREW, INC.

Principal Place of Business
**PALM BEACH YACHT CREW INC.
4200 POINSETTIA AVENUE
WEST PALM BEACH FL 33407
US**

Mailing Address
**PALM BEACH YACHT CREW INC.
4200 POINSETTIA AVENUE
WEST PALM BEACH FL 33407
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Palm Beach Yacht Crew Inc.
Suite, Apt. #, etc.
4200 North Flagler Drive
City & State
West Palm Beach, FL
Zip
33407 Country
US

Mailing Address
Palm Beach Yacht Crew Inc.
Suite, Apt. #, etc.
4200 North Flagler Drive
City & State
Zip Country

4. FEI Number **65-0616009** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DONNA M MACPHAIL
4200 POINSETTIA AVE
WEST PALM BEACH FL 33407**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACPHAIL, DONNA M 4200 POINSETTIA AVENUE WEST PALM BEACH FL 33407 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACPHAIL, DUANE C 4200 POINSETTIA AVENUE WEST PALM BEACH FL 33407 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna MacPhail - Donna MacPhail* 1/6/01 561.863.0092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)