


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/21

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90121 003 \*\*\*\*61.25

<b>DOCUMENT # 726326</b> 1. Entity Name <b>AIR BOAT ASSOCIATION OF FLORIDA</b>			
Principal Place of Business <b>25400 SW 8ST MIAMI FL 33157</b>		Mailing Address <b>10010 SW 161 STREET PERRINE FL 33157 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5860 SW 90 CT</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>MIAMI FL</b> Zip <b>33173</b>	
Country		Country <b>USA</b>	
4. FEI Number <b>59-2849731</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>POTTER, RICHARD M 10010 SW 161 ST PERRINE FL 33157</b>		7. Name and Address of New Registered Agent Name <b>Charles Erwin</b> Street Address (P.O. Box Number is Not Acceptable) <b>5860 S.W. 90 CT</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33173</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Charles Erwin</u> DATE <u>1-17-2003</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make Check Payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD POTTER, RICHARD 10010 SW 161 ST PERRINE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MIKE WARREN (D) 18133 NW 19 ST PEMBROKE PINES FL 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DANNAY, JAY 10901 SW 116 STREET MIAMI FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KEITH PRICE (D) 12267 SW 195 TERR MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BALMAN, DAVE 3845 SW 103 AVE MIAMI FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RICHARD POTTER (FD) 10010 SW 161 ST Perrine FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUFKIN, BUTCH 3210 SW 106 AVE MIAMI FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHARLES ERWIN (D) 5860 SW 90 CT Miami, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(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: Charles Erwin DATE: 1-17-2003 305-774-4267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)