

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 189001

1. Entity Name

FORT LAUDERDALE SURF CLUB INC

FILED
Apr 24, 2000 8:00 am
Secretary of State

02-25-2000 90010 036 ***150.00

Principal Place of Business

Mailing Address

425 BAYSHORE DR
FT LAUDERDALE FL 33304

425 BAYSHORE DR
FT LAUDERDALE FLA 33304-4227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0769554

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

CLARK, HOWARD
425 BAYSHORE DRIVE
FORT LAUDERDALE FL 33304

Name

David Walsh

Street Address (P.O. Box Number is Not Acceptable)

425 Bayshore Drive Unit #33

Fort Lauderdale,

City

Florida

FL

Zip Code

33304

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

David Walsh

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOWARD CLARK	
STREET ADDRESS	425 BAYSHORE DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	M	<input type="checkbox"/> Delete
NAME	YELLE, DENIS	
STREET ADDRESS	425 BAYSHORE DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUKSTA, FRANCIS	
STREET ADDRESS	425 BAYSHORE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Walsh	
STREET ADDRESS	425 Bayshore Drive Unit #33	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE	Assistant Director Maint	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierre Emond	
STREET ADDRESS	425 Bayshore Drive Unit #11	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Francis T. Duksta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

Daytime Phone #

CR2E034 (9/99)