

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90022 032 \*\*\*150.00

**DOCUMENT # 189001**

1. Entity Name  
**FORT LAUDERDALE SURF CLUB INC**

Principal Place of Business  
**425 BAYSHORE DR**  
**FT LAUDERDALE FL 33304**

Mailing Address  
**425 BAYSHORE DR**  
**FT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0769554**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALSH, DAVID**  
**425 BAYSHORE DRIVE**  
**UNIT 33**  
**FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name  
**Helen McKinlay**  
 Street Address (P.O. Box Number is Not Acceptable)  
**425 Bayshore Drive Unit 9**  
 City **Ft. Lauderdale** **FL** Zip Code **33304**

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 *Helen E. McKinlay*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan 2002*

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, 2002 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          | <b>P</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WALSH, DAVID</b>             |  |
| STREET ADDRESS | <b>425 BAYSHORE DR</b>          |  |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL</b>       |  |
| TITLE          | <b>M</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>YELLE, DENIS</b>             |  |
| STREET ADDRESS | <b>425 BAYSHORE DR</b>          |  |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL</b>       |  |
| TITLE          | <b>T</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DUKSTA, FRANCIS</b>          |  |
| STREET ADDRESS | <b>425 BAYSHORE DRIVE</b>       |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>        |  |
| TITLE          | <b>ADM</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>EMOND, PIERRE</b>            |  |
| STREET ADDRESS | <b>425 BAYSHORE DR UNIT 11</b>  |  |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL 33304</b> |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>P</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>McKinlay, Helen</b>            |  |
| STREET ADDRESS | <b>425 Bayshore Drive Unit 9</b>  |  |
| CITY-ST-ZIP    | <b>Ft. Lauderdale, FL</b>         |  |
| TITLE          | <b>M</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Clark, Howard</b>              |  |
| STREET ADDRESS | <b>425 Bayshore Drive Unit 7</b>  |  |
| CITY-ST-ZIP    | <b>Ft. Lauderdale, FL</b>         |  |
| TITLE          | <b>T</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Tannelli, Gaetano</b>          |  |
| STREET ADDRESS | <b>425 Bayshore Drive Unit 24</b> |  |
| CITY-ST-ZIP    | <b>Ft. Lauderdale, FL</b>         |  |
| TITLE          | <b>ADM SEC</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Clark, Carol</b>               |  |
| STREET ADDRESS | <b>425 Bayshore Drive Unit 7</b>  |  |
| CITY-ST-ZIP    | <b>Ft. Lauderdale, FL</b>         |  |
| 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: *Helen E. McKinlay*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 2002* Date *954-566-6349* Daytime Phone #

CR2E034 (9/01)