

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90270 030 \*\*\*150.00

**DOCUMENT # 233879**

**1. Entity Name**  
**BRINY BREEZES INC**

**Principal Place of Business**  
**5000 N OCEAN BLVD**  
**BOYNTON BEACH FL 33435**

**Mailing Address**  
**5000 N OCEAN BLVD**  
**BOYNTON BEACH FL 33435**

**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** **59-0839659**

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**

**7. Name and Address of New Registered Agent**

**ZERULL, JANET L**  
**5000 N OCEAN BLVD #CD-4**  
**BRINY BREEZES FL 33435**

Name  
**FINGERHUT, PETER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5000 N. Ocean Blvd. #R-208**  
 City  
**Briny Breezes FL 33435**

**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

04/04/02

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>2VPD</b><br><b>TEUSINK, ARLENE</b><br><b>5000 NO OCEAN BLVD. STE K-211</b><br><b>BRINY BREEZES FL</b>   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT</b><br><b>BAYLESS, DAVID</b><br><b>5000 N. OCEAN BLVD Q-205</b><br><b>BOYNTON BEACH FL 33435</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS</b><br><b>BOCZON, NANCY G</b><br><b>5000 N. OCEAN BLVD F-4</b><br><b>BOYNTON BEACH FL 33435</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>TOLFORD, WILLIAM</b><br><b>5000 N. OCEAN BLVD. #I-2</b><br><b>BRINY BREEZES FL 33435</b>    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1VPD</b><br><b>FINGERHUT, PETER</b><br><b>5000 N OCEAN BLVD #R-208</b><br><b>BRINY BREEZES FL 33435</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LEBLANC, ARTHUR</b><br><b>Y</b><br><b>BRINY BREEZES FL 33435</b>                            | <input checked="" type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DELETED, JAMES</b><br><b>KOPLIN, JAMES</b><br><b>5000 N. Ocean Blvd. #E-22</b><br><b>Briny Breezes, FL 33435</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WILLIAMS, LEW</b><br><b>5000 N. Ocean Blvd. #G-8</b><br><b>Briny Breezes, FL 33435</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1VPD</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PresidentD</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PROPHET, Jr., RAY</b><br><b>5000 N. Ocean Blvd. #F-208</b><br><b>Briny Breezes, FL 33435</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

04/04/02

Date

Daytime Phone #

CR2E034 (9/01)