

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90142 012 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 705291**

1. Entity Name

**VERO BEACH YACHT CLUB, INC.**

Principal Place of Business

Mailing Address

**3601 RIO VISTA BLVD.  
VERO BEACH FL 32963**

**3601 RIO VISTA BLVD.  
VERO BCH. FL 32963  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1203027**

Applied For

Not Applicable

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

**ALBRECHT, DAVID F.  
601 21ST ST., SUITE 401  
VERO BEACH FL 32960**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VCD**  Delete  
NAME: **THOMPSON, WILLIAM**  
STREET ADDRESS: **275 DATE PALM RD #305**  
CITY-ST-ZIP: **VERO BEACH FL 32963**

TITLE: **CD**  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **RCTD**  Delete  
NAME: **ELLS, THOMAS**  
STREET ADDRESS: **570 VENTURA PL**  
CITY-ST-ZIP: **VERO BEACH FL 32963**

TITLE: **VED**  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **SFCP**  Delete  
NAME: **CALDWELL, LAPSLEY R**  
STREET ADDRESS: **32801 HWY 441 #147**  
CITY-ST-ZIP: **OKEECHOBEE FL 34972**

TITLE: **SECD**  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **CD**  Delete  
NAME: **BLACK, ELDRIDGE J**  
STREET ADDRESS: **304 HOLLY RD**  
CITY-ST-ZIP: **VERO BEACH FL 32963**

TITLE: **TD**  Change  Addition  
NAME: **C CHARLES RANSON**  
STREET ADDRESS: **3500 MARSHA LANE**  
CITY-ST-ZIP: **VERO BEACH FL 32967**

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **RCD**  Change  Addition  
NAME: **HOWARD BREWER**  
STREET ADDRESS: **110 ISLAND COTTAGE LANE**  
CITY-ST-ZIP: **VERO BEACH FL 32963**

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **FCP**  Change  Addition  
NAME: **D. JAMES CRAWFAS**  
STREET ADDRESS: **26 TARPON DR**  
CITY-ST-ZIP: **VERO BEACH FL 32960**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]*

**REQUIRED WILLIAM THOMPSON**

**1/22/02 561-234-8291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)