

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705671

1. Entity Name

OFFSHORE POWER BOAT RACING ASSOCIATION, INC. ✓

Principal Place of Business

P.O. BOX 69-4733
MIAMI FL 33269-8733

Mailing Address

P.O. BOX 69-4733
MIAMI FL 33269-8733

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

59-1172394

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

VANKIRK, DOTTIE
1147 HOLLYWOOD BLVD
HOLLYWOOD FL 33019

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
After September 13, 2000 min. will be \$236.25

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 S
NAME COOPER, DAVIS C ☒ Delete
STREET ADDRESS 3745 NE 171ST STREET, #58
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE D
NAME CORIELLO MICHAEL ☐ Change ☒ Addition
STREET ADDRESS 40 39TH ADAMS ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VP
NAME KENYON, JOHN ☐ Delete
STREET ADDRESS 2310 NE 215 ST
CITY-ST-ZIP N MIAMI BCH. FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FLEISCHMAN, DEBBIE ☐ Delete
STREET ADDRESS 8612 NW 79TH STREET
CITY-ST-ZIP TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MAZZONE, DON ☐ Delete
STREET ADDRESS 8501 N.W. 170 LANE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME KRINER, ART JR ☐ Delete
STREET ADDRESS 3917 ADAMS ST
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME VAN KIRK, DOTTIE ☐ Delete
STREET ADDRESS 1147 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE TD
NAME VANKIRK DOROTHY ☒ Change ☐ Addition
STREET ADDRESS 1147 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33019

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90002 028 ****61.25



DO NOT WRITE IN THIS SPACE