

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91567 031 \*\*\*\*61.25

**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

**A0069520**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**SAME**

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

*Dorothy Van Kirk*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/01**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COOPER, DAVIS C</b> <b>3745 NE 171ST STREET, #58</b> <b>NORTH MIAMI BEACH FL 33160</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KENYON, JOHN</b> <b>2310 NE 215 ST</b> <b>N MIAMI BCH. FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEISCHMAN, DEBBIE</b> <b>8812 NW 79TH STREET</b> <b>TAMARAC FL 33321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAZZONE, DON</b> <b>8501 N.W. 170 LANE</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KRINER, ART JR</b> <b>3917 ADAMS ST</b> <b>HOLLYWOOD FL 33019</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>VAN KIRK, DOTTIE</b> <b>1147 HOLLYWOOD BLVD</b> <b>HOLLYWOOD FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GARY LANSER</b> <b>7110 SW 95th ST.</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN KENYON</b> <b>2310 NE 215 ST</b> <b>N. M. A BCH, FL 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STEVEN DAVID</b> <b>2430 NE 49th ST.</b> <b>LIGHTHOUSE POINT, FL 33064</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL Corello</b> <b>623 ANDERSON Circle #204</b> <b>DEERFIELD BEACH, FL 33441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUY MAZZONE</b> <b>7185 PANDE DR</b> <b>MIAMI SPRINGS FL 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAIG PAUL SON</b> <b>4876 NW 6th ST.</b> <b>PLANTATION, FL 33317</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Dorothy Van Kirk*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/22/01 954 923-2777**

CR2E037 (10/00)