

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90131 006 ****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

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

BABIN, KATHERINE
3150 NE 48 CT #203
LIGHTHOUSE POINT FL 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Katherine Babin*
Signature, typed or printed name of registered agent and title if applicable.

KATHERINE BABIN

(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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **COOPER, DAVID**
STREET ADDRESS **3527 NE 165 ST STE 404**
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE **SB** ☒ Change ☐ Addition
NAME **COOPER, DAVID**
STREET ADDRESS **3527 NE 165 ST STE 404**
CITY-ST-ZIP **N MIAMI Bch, FL 33160**

TITLE **D** ☐ Delete
NAME **COVIELLO, MICHAEL**
STREET ADDRESS **2614 BAY DRIVE**
CITY-ST-ZIP **BRADENTON FL 34207**

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

TITLE **D** ☐ Delete
NAME **MAZZONE, ANTHONY**
STREET ADDRESS **3100 NE 164 ST**
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

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

TITLE **D** ☒ Delete
NAME **PAULSON, CRAIG**
STREET ADDRESS **4876 NW 6TH ST**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Change ☒ Addition
NAME **NUNEZ, JO**
STREET ADDRESS **14100 BISCAYNE BLVD #7**
CITY-ST-ZIP **N MIAMI FL 33181**

TITLE **PD** ☒ Delete
NAME **DAVID, STEVEN**
STREET ADDRESS **2430 NE 49 ST**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **PS** ☒ Change ☐ Addition
NAME **FLEISHMAN, DEBBIE**
STREET ADDRESS **3612 NW 81 TERR**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** ☐ Delete
NAME **MAZZONE, GUY**
STREET ADDRESS **71B S ESPLANDER DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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

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]*

TREASURER **09/01/03** **954** **923-2777**

CR2E037 (10/02)