

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713312

1. Entity Name

GABLES ESTATES YACHT CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 393  
SOUTH MIAMI FL 33243

P O BOX 393  
SOUTH MIAMI FL 33243

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

59-6159364

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

RICHARDSON, KATHLEEN L  
16241 SW 282 ST  
HOMESTEAD FL 33031

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
RCD  
NEWHAUSER, SUSAN  
1 ARVIDA PARKWAY  
CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
VCD  
NEWHAUSER, RICHARD  
1 ARVIDA PARKWAY  
CORAL GABLES FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
FCD  
THYREE, ROLF  
2 LEUCADENDRA DR.  
CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
SD  
GILBRIDE, JAMES  
655 CASUARINA CONCOURSE  
CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
TD  
LASHAR, WILLIAM L. JR.  
400 ARVIDA PKWY  
CORAL GABLES, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
FSDD  
BOHN, RICHARD H.  
540 CASUDRINA CONCRS  
CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02

305 248 7746

Date

Daytime Phone #

CR2E037 (9/01)

0036674

FILED  
Mar 03, 2002 8:00 am  
Secretary of State

03-03-2002 90086 015 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE