

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 714769**

1. Entity Name

THE GULF STREAM YACHT CLUB

Principal Place of Business

770 NE 37TH ST.
BOCA RATON FL 33431

Mailing Address

770 NE 37TH ST.
BOCA RATON FL 33431

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

59-1002366

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**KIMMEN, JACQUELINE
770 NE 37TH ST.
BOCA RATON FL 33431**7. Name and Address of New Registered Agent**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **VD** ☒ Delete
NAME **AEBERSOLD, ROBERT**
STREET ADDRESS **3087 NE 7TH DR**
CITY-ST-ZIP **BOCA RATON FL 33431**TITLE **VCD** ☒ Delete
NAME **BLAKE, RICHARD**
STREET ADDRESS **220 MAC FAIRLANE DR**
CITY-ST-ZIP **DELRAY BEACH FL 33483**TITLE **VD** ☐ Delete
NAME **HELMOLD, KAREN**
STREET ADDRESS **3240 JASMINE DR**
CITY-ST-ZIP **DELRAY BEACH FL 33483**TITLE **VD** ☒ Delete
NAME **SIMONI, STEVE**
STREET ADDRESS **604 BOCA MARINA CT**
CITY-ST-ZIP **BOCA RATON FL 33487**TITLE **TD** ☐ Delete
NAME **FRITTS, ADDISON D**
STREET ADDRESS **3411 SPANISH TRAIL C417**
CITY-ST-ZIP **DELRAY BEACH FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **VD** ☐ Change ☒ Addition
NAME **BLAKE, Richard**
STREET ADDRESS **220 MAC FAIRLANE DR**
CITY-ST-ZIP **DELRAY BEACH FL 33483**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VCD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Change ☒ Addition
NAME **ROBERT RESSLER**
STREET ADDRESS **4306-A S. OCEAN BLVD**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Change ☒ Addition
NAME **MICHAEL NANUSCHAK**
STREET ADDRESS **3120 JASMINE DR**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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 #

4-15-02 861-395-9790



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)