

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90427 001 \*\*\*\*61.25  
 05-24-2000 90427 002 \*\*\*\*8.75

**DOCUMENT # 715504**

1. Entity Name

**KEY BISCAYNE YACHT CLUB, INC.**

Principal Place of Business

Mailing Address

**180 HARBOR DRIVE  
 KEY BISCAYNE FL 33149  
 US**

**180 HARBOR DRIVE  
 KEY BISCAYNE FL 33149-1304  
 US**

**16779**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0798689**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLYNN, THOMAS E  
 180 HARBOR DRIVE  
 KEY BISCAYNE FL 33149**

Name

**Juan C. Sala**

Street Address (P.O. Box Number is Not Acceptable)

**180 Harbor Drive**

City

**Key Biscayne**

**FL**

Zip Code  
**33149**

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

**Juan C. Sala**

**04/12/00**

DATE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

**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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>FLYNN, THOMAS E</b>	
STREET ADDRESS	<b>180 HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE	<b>C/V</b>	<input type="checkbox"/> Delete
NAME	<b>SALA, JUAN C</b>	
STREET ADDRESS	<b>180 HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>STICKNEY, TIMOTHY P</b>	
STREET ADDRESS	<b>180 HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, RAMON R</b>	
STREET ADDRESS	<b>180 HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEVE, DEBORAH J</b>	
STREET ADDRESS	<b>180 HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STONE, EDWARD H</b>	
STREET ADDRESS	<b>180 HARBOR DRIVE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	

TITLE	<b>C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Juan C. Sala</b>	
STREET ADDRESS	<b>180 Harbor Drive</b>	
CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>	
TITLE	<b>C/V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Christian B. Sager</b>	
STREET ADDRESS	<b>180 Harbor Drive</b>	
CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lee C. Schmachtenberg</b>	
STREET ADDRESS	<b>180 Harbor Drive</b>	
CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William W. Sandler, Jr.</b>	
STREET ADDRESS	<b>180 Harbor Drive</b>	
CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**04/12/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (9/99)