

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719293

1. Entity Name

THE UNIVERSITY YACHT CLUB

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90024 010 ****61.25

Principal Place of Business

Mailing Address

11800 SW 70TH AVE.
 MIAMI FL 33156

11800 SW 70TH AVE.
 MIAMI FL 33156-4775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6046463

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARBY, JOHN D.
11800 SW 70TH AVE.
MIAMI FL 33156

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	P	<input type="checkbox"/> Delete
NAME	BENEFIELD, W H	
STREET ADDRESS	1261 ALGARDI AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARPENTER, JAMES E	
STREET ADDRESS	8425 SW 118TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	DARBY, JOHN D.	
STREET ADDRESS	11800 SW 70TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, RICHARD C.	
STREET ADDRESS	2633 BACCARAT DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FROST, WILBUR	
STREET ADDRESS	14765 S.W. 79TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUSS, CARROLL	
STREET ADDRESS	8220 SW 98TH ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN D. DARBY 4-14-00 305-661-1256

CR2E037 (9/99)