

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90032 049 ****61.25

DOCUMENT # 719293

1. Entity Name

THE UNIVERSITY YACHT CLUB

Principal Place of Business

11800 SW 70TH AVE.
 MIAMI FL 33156

Mailing Address

11800 SW 70TH AVE.
 MIAMI FL 33156

522534



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Wm. Harvey Benefield
 Suite, Apt. #, etc.
1261 Algardi Avenue
Coral Gables, FL 33146-1107

3. Mailing Address

Wm. Harvey Benefield
 Suite, Apt. #, etc.
1261 Algardi Avenue
Coral Gables, FL 33146-1107

4. FEI Number

59-6046463

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

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

DECEASED 3/1/2001

7. Name and Address of New Registered Agent

Name
Wm. Harvey Benefield
 Street Address (P.O. Box Number is Not Acceptable)
1261 Algardi Avenue
Coral Gables, FL 33146-1107
 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 file 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOGLE, R.E. 4915 SAN AMARO CT. CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITTS, W 17843 SW 77 COURT MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Wm. Harvey Benefield

4-2-01 305-665-6384

CR2E037 (10/00)