2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am Secretary of State **DOCUMENT # 719293** 02-04-2002 90037 007 ****61.25 THE UNIVERSITY YACHT CLUB Principal Place of Business Mailing Address WM HARVEY BENEFIELD WM HARVEY BENEFIELD 1261 ALGARDI AVE 1261 ALGARDI AVE CORAL GABLES FL 33146-1107 CORAL GABLES FL 33146-1107 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6046463 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BENEFIELD, WM H 1261 ALGARDI AVE CORAL GABLES FL 33146-1107 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. BENEFIELD, W.H. TITLE Delete TITLE Change ☐ Addition NAME BENEFILED, W H NAME STREET ADDRESS 1261 ALGARDI AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33146** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BOGLE, RE STREET ADDRESS STREET ADDRESS 4915 SAN AMARO CT CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33146** ☐ Delete ☐ Change ☐ Addition TITLE PITTS, .W NAME NAME STREET ADDRESS 14843 SW 77 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Delete Addition TITLE TITLE CARTER, RICHARD C. NAME NAME STREET ADDRESS 2633 BACCARAT DRIVE STREET ADDRESS COMAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL Change ☐ Addition ☐ Delete TITLE Frost, Wilbur NAME NAME STREET ADDRESS STREET ADDRESS 14765 S.W. 79TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE TRUSS, CARROLL NAME NAME STREET ADDRESS 8220 SW 98TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL

12. I hereby certify that the information supplied with this filling 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 tole 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

FILED

1-16-0x 305-665-6384