

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90145 007 \*\*\*\*61.25

**DOCUMENT # 719293**

1. Entity Name  
**THE UNIVERSITY YACHT CLUB**



Principal Place of Business

**WM HARVEY BENEFIELD  
1261 ALGARDI AVE  
CORAL GABLES FL 33146-1107**

Mailing Address

**WM HARVEY BENEFIELD  
1261 ALGARDI AVE  
CORAL GABLES FL 33146-1107**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6046463**

Applied For

Not Applicable

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

**BENEFIELD, WM H  
1261 ALGARDI AVE  
CORAL GABLES FL 33146-1107**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **BENEFIELD, W.H.**  
STREET ADDRESS **1261 ALGARDI AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V ☐ Delete  
NAME **BOGLE, R E**  
STREET ADDRESS **4915 SAN AMARO CT**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME **PITTS, W**  
STREET ADDRESS **14843 SW 77 COURT**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☒ Change ☐ Addition  
NAME **SAME AS #10**  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME **JONES, ROBERT**  
STREET ADDRESS **417 VITTORIO AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ Change ☐ Addition  
NAME **SAME AS #10**  
STREET ADDRESS  
CITY-ST-ZIP

D ☒ Delete  
NAME **FROST, WILBUR**  
STREET ADDRESS **14765 S.W. 79TH COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME **A.T. KLINE**  
STREET ADDRESS **P.O. Box 5112 SW 72 Ave**  
CITY-ST-ZIP **Miami, FL 33255**

D ☐ Delete  
NAME **TRUSS, CARROLL**  
STREET ADDRESS **8220 SW 98TH ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ 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:

*WM Harvey Benefield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-03

305-665-6384

Date

Daytime Phone #

CR2E037 (10/02)