


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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90229 027 \*\*\*\*61.25

**DOCUMENT # 722207**  
1. Entity Name  
**EDUCATIONAL BOATING ASSOCIATION, INC.**



Principal Place of Business  
**7536 WENTWORTH DR.  
LAKE WORTH FL 33467  
US**

Mailing Address  
**7536 WENTWORTH  
FT. WORTH FL 33467  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **23-7212707**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WAYNE A. SUCKOW  
7536 WENTWORTH DR.  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SUCKOW, WAYNE A.</b>	
STREET ADDRESS	<b>7536 WENTWORTH</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PECORONI, CHARLES</b>	
STREET ADDRESS	<b>1004 10TH LANE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LEVINE, JACQUELIN</b>	
STREET ADDRESS	<b>206 SW 13TH AVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DORIS F. BOYLE</b>	
STREET ADDRESS	<b>6839 TRADEWIND WAY</b>	
CITY-ST-ZIP	<b>LANTANA FL.</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ASHLEY, JAMES</b>	
STREET ADDRESS	<b>744 2ME 12TH TERR</b>	
CITY-ST-ZIP	<b>BOYNTON BCH. FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LIVINGSTON, DONALD</b>	
STREET ADDRESS	<b>1224 EAGLES LANDING WY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVINE, JACQUELIN</b>	
STREET ADDRESS	<b>206 SW 13TH AVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OTTO SPIELBICHLER</b>	
STREET ADDRESS	<b>621 SHORE DR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LORAN PLEASANTON</b>	
STREET ADDRESS	<b>235 SW 13TH AVENUE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARY SUCKOW</b>	
STREET ADDRESS	<b>7536 WENTWORTH DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>	

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: Wayne A. Suckow **WAYNE A. SUCKOW** 01/17/03 561-968-9546

CR2E037 (10/02)