

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726326

1. Entity Name

AIR BOAT ASSOCIATION OF FLORIDA

Principal Place of Business

25400 SW 8ST
MIAMI FL 33157

Mailing Address

10010 SW 161 STREET
PERRINE FL 33157-3228
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2849731

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

POTTER, RICHARD M
10010 SW 161 ST
PERRINE FL 33157

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 NAME STREET ADDRESS CITY-ST-ZIP	TD POTTER, RICHARD 10010 SW 161 ST PERRINE FL	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNAY, JAY 10901 SW 116 STREET MIAMI FL 33176	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALMAN, DAVE 3845 SW 103 AVE MIAMI FL 33165	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFKIN, BUTCH 3210 SW 106 AVE MIAMI FL 33165	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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:

Richard M. Potter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90055 040 ****66.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)