

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726438

1. Entity Name

THE YACHT & RACQUET CLUB OF BOCA RATON, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90023 006 ****61.25

Principal Place of Business

2711 NO OCEAN BLVD
BOCA RATON FL 33431-7115

Mailing Address

2711 NO OCEAN BLVD
BOCA RATON FL 33431-7115

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

59-1651350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WOOD, RICHARD W
2711 N OCEAN BLVD
BOCA RATON FL 33431

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.

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
After September 13, 2000 min. will be \$236.25

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 SD
NAME NOREN, PETER
STREET ADDRESS 2701 N. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FL 33431

TITLE V
NAME JACOBSON, PAUL
STREET ADDRESS 2667 N. OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FL 33431

TITLE TD
NAME HAAS, WILLIAM
STREET ADDRESS 2797 NORTH OCEAN BLVD
CITY-ST-ZIP BOCA RATON FL

TITLE PD
NAME STURGELL, CHARLES
STREET ADDRESS 2701 N OCEAN BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Charles Sturgell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00
Date

561-368-8032
Daytime Phone #

CR2E037 (5/00)