

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90111 037 ****61.25

DOCUMENT # 726476

1. Entity Name

THE CORAL BAY YACHT CLUB, INC.

Principal Place of Business

Mailing Address

110 SAN PEDRO AVE.
 CORAL GABLES FL 33156
 US

1110 SAN PEDRO AVE.
 CORAL GABLES FL 33156
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1080 San Pedro Ave

Suite, Apt. #, etc.

3. Mailing Address

1080 San Pedro Ave

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

59-2065493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GUTTENMACHER, EDWARD P
 1110 SAN PEDRO AVE
 CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

Name

Steven Wexler

Street Address (P.O. Box Number is Not Acceptable)

1080 San Pedro Ave

City

Coral Gables

FL

Zip Code

33156

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] Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/9/02

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RANDY, KUPPER	
STREET ADDRESS	13017 SAN MATEO	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDSMITH, BERTRAM J JR	
STREET ADDRESS	13035 NEVADA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WAYNE, ROBERT	
STREET ADDRESS	1190 SAN PEDRO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBILLARD, GARY	
STREET ADDRESS	951 BELLA VISTA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Stanton	
STREET ADDRESS	931 San Pedro Ave	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Lynn	
STREET ADDRESS	861 San Pedro Ave	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Wexler	
STREET ADDRESS	1080 San Pedro Ave	
CITY-ST-ZIP	Coral Gables, FL 33156	
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		

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 or other like empowered.

SIGNATURE:

[Signature] Steven Wexler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/02

Daytime Phone #

305-445-5050

CR2E037 (9/01)