

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735565

1. Entity Name

DINNER KEY CRUISING CLUB, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90431 037 ****61.25

Principal Place of Business

1925 BRICKELL AVE
STE D1001
MIAMI FL 33129
US

Mailing Address

1925 BRICKELL AVE
STE D1001
MIAMI FL 33129
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1723707

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YELEN, MARTIN
1925 BRICKELL AVE
STE D1001
MIAMI FL 33129

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	SB-VP/D	<input type="checkbox"/> Delete
NAME	BICKLE, BONNA	
STREET ADDRESS	3400 PAN AMERICAN DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PORTNOY, SHELLY	
STREET ADDRESS	13450 SW 96TH ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SALSBERG, LLOYD	
STREET ADDRESS	12550 MOSS RANCH RD	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL PRIESTMAN	
STREET ADDRESS	2713 SEA ISLAND DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY YELEN	
STREET ADDRESS	1925 BRICKELL AVE APT D1001	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA LEMAY	
STREET ADDRESS	12225 SW 151 ST #213	
CITY-ST-ZIP	MIAMI, FL	
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		<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 all other the empowered.

SIGNATURE: *Bill Priestman* PRIESTMAN 1/15/01 305-945-0821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)