

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90007 005 ****61.25

DOCUMENT # 760396

1. Entity Name

WOMEN'S YACHT RACING ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 331532
 COCONUT GROVE FL 33133-8532

Mailing Address

P.O. BOX 331532
 COCONUT GROVE FL 33133-8532

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

59-2380477

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

STETSER, ANN
1700 N.W. NORTH RIVER DRIVE, #1007
MIAMI FL 33125

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

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 **PD** ☐ Delete
 NAME **STETSER, ANN**
 STREET ADDRESS **1700 N.W. NORTH RIVER DRIVE, #1007**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **VPD** ☐ Delete
 NAME **SMITH, MELINDA**
 STREET ADDRESS **18801 LENAIRE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **TD** ☐ Delete
 NAME **PSZENNY, JO-AN**
 STREET ADDRESS **4530 S.W. 74TH ST.**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **SD** ☐ Delete
 NAME **JONES, PAMELA**
 STREET ADDRESS **8261 S.W. 162ND STREET**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

JO-AN PSZENNY, Treas

3/13/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)