

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
 02-17-2002 90046 038 ***150.00

DOCUMENT # F42582

1. Entity Name
ISLANDER YACHT SAILS INC.

Principal Place of Business

C/O GRACE MCCrackEN
13100 CORONADO DR
N MIAMI FL 33181

Mailing Address

P.O. BOX 802108
AVENTURA FL 33280-2108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17027 W. Dixie Hwy.
Suite, Apt. #, etc.
103

3. Mailing Address

Suite, Apt. #, etc.

City & State
N. M. I. A. M. I.

City & State

4. FEI Number

59-2116928

Applied For

Not Applicable

Zip
33160

Country
DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURR, GRACE
13100 CORONADA DR
N MIAMI FL

7. Name and Address of New Registered Agent

Name

20500 W. COUNTRY CLUB DR # 108

City N. M. I. A. M. I.

FL

Zip Code 33180-1617

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 *Grace Durr* **GRACE DURR**

DATE *1/29/2002*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	MCCRACKEN, GRACE
STREET ADDRESS	13100 CORONADO DRIVE
CITY-ST-ZIP	N MIAMI, FLORIDA 00000
TITLE	D <input type="checkbox"/> Delete
NAME	DURR, ALEX
STREET ADDRESS	13100 CORONADO DRIVE
CITY-ST-ZIP	N MIAMI, FLORIDA 00000
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE MCCrackEN DURR
STREET ADDRESS	20500 W. COUNTRY CLUB DR. # 108
CITY-ST-ZIP	N. M. I. A. M. I., FL 33180-1617
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20500 W. COUNTRY CLUB DR # 108
STREET ADDRESS	N. M. I. A. M. I., FL 33180-1617
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GRACE DURR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *1/29/2002* **Daytime Phone #** *305-932-8910*

CR2E034 (9/01)