

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003516

1. Entity Name

CAT CAY YACHT CLUB LIMITED (CORPORATION)

Principal Place of Business

1100 LEE WAGENER BLVD. SUITE 101
FT LAUDERDALE FL 33315

Mailing Address

1100 LEE WAGENER BLVD. SUITE 101
FT LAUDERDALE FL 33315

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1100 LEE WAGENER BLVD

Suite 104 Box 14

FT. LAUDERDALE, FL

33315



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

HARDIN, DAVID C ESQ
MOMBACH, BOYLE & HARDIN, P.A.
500 E. BROWARD BLVD, SUITE 1950
FT LAUDERDALE FL 33394

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DAVIS, C.L.
STREET ADDRESS 1001 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL 33062 ☒ Delete

TITLE STD
NAME ECKERT, WILLIAM III
STREET ADDRESS 155 N. HARBOR DR #5201
CITY-ST-ZIP CHICAGO IL 60601 ☒ Delete

TITLE TSD
NAME FERRELL, MILTON JR
STREET ADDRESS 201 S. BISCAYNE BLVD #1920
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME ELZIE L. HIGGINBOTTOM
STREET ADDRESS 2850 So. Michigan Ave
CITY-ST-ZIP CHICAGO, IL 60616 ☒ Change ☐ Addition

TITLE SD
NAME CARL D. DOVERSPIKE
STREET ADDRESS 750 E. BARNARD. RD #3 Suite 221
CITY-ST-ZIP POMMANO BEACH, FL 33064 ☒ Change ☐ Addition

TITLE TD
NAME RAMON J. RODRIGUEZ
STREET ADDRESS 100 KNOXWOOD DR.
CITY-ST-ZIP KEY BISCAYNE, FL 33145 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE (BY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

ELZIE L. HIGGINBOTTOM

7/29/00

Date

Daytime Phone #

CR2E034 (5/00)

