

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0400125 AV

**DOCUMENT # F99000004922**

1. Entity Name

**BC YACHT SALES, INC.**

04-10-2002 90483 003 \*\*\*150.00

Principal Place of Business

**139 NORTH COUNTY ROAD, SUITE 20-C  
PALM BEACH FL 33480**

Mailing Address

**139 NORTH COUNTY ROAD, SUITE 20-C  
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2062149**

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

**DAVES, CHRISTIAN  
220 OSCEOLA WAY  
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name  
**NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**526 E. Park Avenue**

City  
**Tallahassee**

FL Zip Code  
**32301**

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.

**NRAI Services, Inc.**

SIGNATURE *Charles A. Coyle*

**Charles A. Coyle-Asst. Secy.**

**4-1-2002**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
DAVES, CHRISTIAN S.P.  
220 OSCEOLA WAY  
PALM BEACH FL 33480** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EBBERS, BERNARD J  
139 NORTH COUNTY ROAD, SUITE 20-C  
PALM BEACH FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
STREET ADDRESS  
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☐ 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 of Bernard J. Ebberts*  
BERNARD J. EBBERTS

**3/28/02**

**(601) 353-3234**

Date

Daytime Phone #

CR2E034 (9/01)