

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90372 048 \*\*\*150.00

**DOCUMENT # G78189**

1. Entity Name  
**FLORIDA YACHT CHARTERS AND SALES, INC.**

Principal Place of Business

**1290 5TH STREET  
MIAMI BCH. FL 33139**

Mailing Address

**1290 5TH STREET  
MIAMI BCH. FL 33139**

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

**59-2372118**

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

**EVERHARD, SUSAN W.  
1281 S VENETIAN WAY  
MIAMI FL 33139**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	EVERHARD, ROBERT	
STREET ADDRESS	1281 S VENETIAN WAY	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BACHELOR, NANCY W	
STREET ADDRESS	711 MOUNTAIN LAUREL DRIVE	
CITY-ST-ZIP	ASPEN CO 81611	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, RUSSELL F	
STREET ADDRESS	504 ALGOMA BLVD	
CITY-ST-ZIP	OSK KOSH WI	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEANNETTE	
STREET ADDRESS	1416 MENOMINEE DR.	
CITY-ST-ZIP	OSHKOSH WI	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EVERHARD, SUSAN W.	
STREET ADDRESS	1281 S VENETIAN WAY	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
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
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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:

*Susan W. Everhard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 (305) 532-8600 x119  
Date Daytime Phone #

CR2E034 (9/01)