

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H42692

1. Entity Name

JONATHAN NAYLOR (YACHTS) INCORPORATED

Principal Place of Business

Mailing Address

548 VICTORIA TERRACE  
FORT LAUDERDALE FL 33301

548 VICTORIA TERRACE  
FORT LAUDERDALE FL 33301-3758

2. Principal Place of Business

3. Mailing Address

928 N.E. 20 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL.

City & State

4. FEI Number

59-2514772

Applied For

Not Applicable

Zip

33301

Country

U.S.

Zip

Country

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

NAYLOR, JONATHAN  
1112 LAS OLAS BLVD  
FORT LAUDERDALE FL 33301

Name

NAYLOR JONATHAN

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

548 VICTORIA TERR

City

FORT LAUDERDALE

FL

Zip Code

33301

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP NAYLOR, JONATHAN 548 VICTORIA TERRACE FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAYLOR JONATHAN FEB 22 2000 954.4628513

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)