2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99972 1. Entity Name SEA OAKS YACHT CLUB, INC.				FILED 00 MAR 24 AM 9: 28
Principal Place of Business Mailing Address				
1235 WINDING OAKS CIRCLE VERO BEACH FL 32963		1235 WINDING OAKS CIRCLE VERO BEACH FL 32963-4025 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0136461 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
·KWIA	IT, ANDREW			- Andrew=Kwist-
2665 S BAYSHORE DR			eet Address (P.O. Box Number is Not Acceptable)	
	E 302 Onut grove FL 33133			Third Floor
	0/101 0/1012 12 00/10		City	Miam, Beach FL Zip Code
SIGNATURE _ 9. This corpo Tax filing re	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	E: Registered Agent sign !! FEE IS \$150 00 Fee will be \$	e \$550.00 Trust Fund Contribution.
<u> </u>	ia on back)	Make Check Payab	le to Departme	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEUNIER, JEAN MARC 2005 S BAYSHURE DR, STE 302 COCONUT GROVE FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Tol Collins Avenue Third 1100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAZILLEAN, ERIC 2665-S-BAYSHORE DR, STE 302 COCONUT GROVE FL-99133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charge Addition 1501 Collins Avenue Third Floor Mignel Beach FL 37137
NAME STREET ADDRESS CITY-ST-ZIP	GIEBEL, GEORGE 2665 S. BAYSHORE DR., STE 882 COCONUT GROVE FL 32133	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Minmy Beach FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KWIAT, ANDREW 2 005-0 Dayshore Dr, Ste 30 2 C oconut Grove El 3310 8	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i
13. I hereby of indicated of the corchanged,	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address.	this filing does not qualify for true and accurate and that n world to execute this report in all other like empowered.	ny signature shall as required by Cl	n stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am an officer or director. Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if