

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90035 021 \*\*\*150.00

658630

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** K99972

**1. Entity Name**

Sea Oaks Yacht Club, Inc.

**Principal Place of Business**

**Mailing Address**

1235 Winding Oaks Circle  
Vero Beach Fl. 32963

**2. Principal Place of Business**

1235 Winding Oaks Circle

**3. Mailing Address**

1501 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3RD. Floor

City & State  
Vero Beach, FL

City & State  
Miami Beach, FL

**4. FEI Number**

65-0136461

**Applied For**

☐ Not Applicable

Zip  
32963

Country

Zip

33139

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**

Andrew Kwiat  
1501 Collins Ave  
3RD. Floor  
Miami Beach  
FL-33139

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 IN FEE IS \$150.00**  
**After MAY 1, 2001 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** Meunier, Jean Marc ☐ Delete  
**STREET ADDRESS** 1501 Collins Ave  
**CITY-ST-ZIP** Miami Beach, Fl. 33139

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

**TITLE**  
**NAME** Fazilleau, Eric ☐ Delete  
**STREET ADDRESS** 1501 Collins Ave VP  
**CITY-ST-ZIP** Miami Beach, Fl. 113139

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

**TITLE**  
**NAME** Giebel, Geroge ☐ Delete  
**STREET ADDRESS** 1501 Collins Avenue VP  
**CITY-ST-ZIP** Miami Beach, Fl. 33139

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

**TITLE**  
**NAME** Kwiat, Andrew ☐ Delete  
**STREET ADDRESS** 1501 Collins Avenue  
**CITY-ST-ZIP** Miami Beach, Fl. 33139 ST

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

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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)(l), 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 life empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)