

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## DOCUMENT #

L99000008884

### 1. Entity Name

HAPPY YACHT CLUB, L.C.

### Principal Place of Business

2999 N.E. 191st Street  
Suite 900  
Aventura, Florida 33180

### Mailing Address

2999 N.E. 191st Street  
Suite 900  
Aventura, Florida 33180

### 2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

### 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

### 4. FEI Number

65-0968595

Applied For

Not Applicable

### 5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

### 6. Name and Address of Current Registered Agent

Adam R. Schiffman  
2999 N.E. 191st Street  
Suite 900  
Aventura, Florida 33180

### 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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

### 9. MANAGING MEMBERS/MEMBERS

TITLE: Manager ☒ Delete  
NAME: Adam R. Schiffman  
STREET ADDRESS: 2999 N.E. 191 Street, Suite 900  
CITY-ST-ZIP: Aventura, Florida 33180

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

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

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

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

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

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

### 10. ADDITIONS/CHANGES

TITLE: Manager ☐ Change ☒ Addition  
NAME: Jean Claude Jeantard  
STREET ADDRESS: 2999 N.E. 191 Street, Suite 900  
CITY-ST-ZIP: Aventura, Florida 33180

TITLE: Manager ☐ Change ☒ Addition  
NAME: Therese Jeantard  
STREET ADDRESS: 2999 N.E. 191 Street, Suite 900  
CITY-ST-ZIP: Aventura, Florida 33180

TITLE: Manager ☐ Change ☒ Addition  
NAME: Christophe Jeantard  
STREET ADDRESS: 2999 N.E. 191 Street, Suite 900  
CITY-ST-ZIP: Aventura, Florida 33180

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

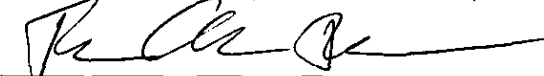
TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

### SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/2000

Date

(305) 682-1528

Daytime Phone #

CR2E083 (11/99)