

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90108 016 ****70.00

DOCUMENT # N00000001049

1. Entity Name

ATLANTIC COAST DINGHY CLUB, INC.

Principal Place of Business

**1079 N.E. 104TH STREET
 MIAMI SHORES FL 33138**

Mailing Address

**1079 N.E. 104TH STREET
 MIAMI SHORES FL 33138**

2. Principal Place of Business

6445 N.E. 7th Avenue

Suite, Apt. #, etc.

3. Mailing Address

9215 North Bayshore Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33138

Country

City & State

Miami Shores, FL

Zip

33138

Country

4. FEI Number

65-0961720

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**O'MEARA, JAMES M
 TRIPLE ANCHOR MARINE
 13333 N.E. 17TH AVENUE
 NORTH MIAMI FL 33181**

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **O'MEARA, JAMES M**
 STREET ADDRESS **660 N.E. 78TH STREET, #201**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☐ Delete
 NAME **FREYRE, EDGAR**
 STREET ADDRESS **2410 S.W. 28TH STREET**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete
 NAME **AUMICK, FRED**
 STREET ADDRESS **970 N.E. 88TH STREET**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☐ Delete
 NAME **DE LA VALETTE, LUIS**
 STREET ADDRESS **4715 N.E. MIAMI COURT**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Delete
 NAME **HILL, ED**
 STREET ADDRESS **6726 S.W. 128TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Delete
 NAME **ULLMAN, GREGORY N**
 STREET ADDRESS **1079 N.E. 104TH STREET**
 CITY-ST-ZIP **MIAMI SHORES FL 33137**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **SPECIALE, CESARE**
 STREET ADDRESS **1041 NE 83 STREET**
 CITY-ST-ZIP **MIAMI, FL 33138**

TITLE **D** ☐ Change ☒ Addition
 NAME **ANDREWS, TERRY**
 STREET ADDRESS **3203 McDONALD STREET**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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 **D** ☒ Change ☐ Addition
 NAME **ULLMAN, GREGORY N**
 STREET ADDRESS **9215 NORTH BAYSHORE DRIVE**
 CITY-ST-ZIP **MIAMI SHORES, FL 33138**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

GREGORY N. ULLMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/01

Daytime Phone #

305-756-6600

CR2E037 (10/00)