

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

05-27-2002 90423 049 ****70.00

DOCUMENT # N01000000929

1. Entity Name

COCONUT GROVE SAILING FOUNDATION, INC.

Principal Place of Business

Mailing Address

2990 S BAYSHORE DR
 COCONUT GROVE FL 33133

2990 S BAYSHORE DR
 COCONUT GROVE FL 33133

39003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Coconut Grove, FL
 33233-4035

4. FEI Number

105-1073893

Applied For

Not Applicable

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

BRANNING, CHARLES
 6983 SW 53 LN
 MIAMI FL 33155

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 Charles Branning

Signature, typed or printed name of registered agent and title, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ABELL, CHARLES G	
STREET ADDRESS	12550 PINE NEEDLE LN	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNING, CHARLES	
STREET ADDRESS	6983 SW 53 LN	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARPENTER, L.B. III	
STREET ADDRESS	420 S DIXIE HWY, #2B	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, BETH	
STREET ADDRESS	10464 SW 124 CT	
CITY-ST-ZIP	MIAMI FL 33188	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILPATRICK, KATHERINE	
STREET ADDRESS	7930 SW 54 CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, MICHAEL J	
STREET ADDRESS	2411 SWANSON AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

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

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:

Katherine Kilpatrick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02 305-662-2370
 Date Daytime Phone #

CR2E037 (9/01)