

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90037 009 ****61.25

DOCUMENT # N01000006126

1. Entity Name

BISCAYNE BAY SAILING CLUB CORPORATION

Principal Place of Business

Mailing Address

8920 SW 79TH AVE
 MIAMI FL 33156

8920 SW 79TH AVE
 MIAMI FL 33156

427392

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~MICHAEL SOPHIE~~
 8920 SW 79TH AVE
 MIAMI FL 33156

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 \$81.25

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 PD ☐ Delete
 NAME FREEHUNG, THOMAS A
 STREET ADDRESS P O BOX 220197
 CITY-ST-ZIP HOLLYWOOD FL 33022

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

TITLE VD ☐ Delete
 NAME MICHAEL, SOPHIE
 STREET ADDRESS 8920 SW 79TH AVE
 CITY-ST-ZIP MIAMI FL 33156

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

TITLE TD ☐ Delete
 NAME EMDEN, MARK
 STREET ADDRESS 12900 SW 81ST ST
 CITY-ST-ZIP MIAMI FL 33183

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

TITLE SD ☒ Delete
 NAME LEVIN, JULIA
 STREET ADDRESS 440 SANTANDER AVE #18
 CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
 NAME **GARY SHRADER**
 STREET ADDRESS **8500 SW 212 ST. # 202**
 CITY-ST-ZIP **MIAMI, FL 33189**

TITLE D ☐ Delete
 NAME ENGLE, NORMA
 STREET ADDRESS 7815 SW 86 ST #706
 CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
 NAME EMDEN, NITA
 STREET ADDRESS 12900 SW 81 ST
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ 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: Sophie Michael **MICHAEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

305-271-4561

Daytime Phone #

CR2E037 (9/01)