

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12740

1. Entity Name

PORT EVERGLADES ROWING CLUB, INC. R

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90023 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

LAS OLAS STATION  
 P.O. BOX 030071  
 FT. LAUDERDALE FL 33303-0071

LAS OLAS STATION  
 P.O. BOX 030071  
 FT. LAUDERDALE FL 33303-0071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0001827

Applied For

Not Applicable

Zip

Country

Zip

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

HONE, ROBERT  
 102 NE 2ND PLACE  
 DANIA FL 33004

Name **MICHAEL S. BRUCE**

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

**200 N.W. 51 STREET**

City **FT. LAUDERDALE**

FL

Zip Code **33309**

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 *Michael S. Bruce*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-10-00

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 HONE, ROBERT E  
 STREET ADDRESS 102 NE 2ND PLACE  
 CITY-ST-ZIP DANIA FL

TITLE PD  Change  Addition  
 NAME MICHAEL S. BRUCE  
 STREET ADDRESS 200 NW 51 STREET  
 CITY-ST-ZIP Ft. LAUDERDALE FL 33309

TITLE TD  Delete  
 NAME SHEINFELD, ALAN  
 STREET ADDRESS 2131 HOLLYWOOD BLVD #507  
 CITY-ST-ZIP HOLLYWOOD FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPSD  Delete  
 NAME TILLES, DAVID D.  
 STREET ADDRESS P.O. BOX 220936  
 CITY-ST-ZIP HOLLYWOOD FL 33022-0936

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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: *Michael S. Bruce* **Michael S. Bruce**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.10.00

Date

954.804.4279

Daytime Phone #

CR2E037 (5/00)