

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14191

1. Entity Name

HOMESTEAD BAYFRONT YACHT CLUB, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90285 047 ****61.25

Principal Place of Business

Mailing Address

NORTH CANAL DRIVE
P. O. BOX 444
HOMESTEAD FL 33090-0444

NORTH CANAL DRIVE
P. O. BOX 444
HOMESTEAD FL 33090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

65-0655780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

JUDGE, JOHN W
2620 SW PLACE
HOMESTEAD FL 33030

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
ROESCH, LARRY
STREET ADDRESS 17530 SW 246 ST
CITY-STATE-ZIP HOMESTEAD FL 33031

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE VD
NEWLAN, TED
STREET ADDRESS 49 NW 17 ST
CITY-STATE-ZIP HOMESTEAD FL 33030

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE TD
LAWRENCE, DENYSE
STREET ADDRESS 7990 SW 132 ST
CITY-STATE-ZIP MIAMI FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE S
POWELL, CHARLENE
STREET ADDRESS 12905 SW 116 CT
CITY-STATE-ZIP MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Donipete Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 305-251-6354

CR2E037 (9/99)