

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90022 014 ****61.25

DOCUMENT # N22304

1. Entity Name
UNITED STATES SAILING CENTER, INC.



Principal Place of Business
**2476 S. BAYSHORE DR.
MIAMI, FL 33133 US**

Mailing Address
**P.O. BOX 331459
MIAMI, FL 33233 US**

50031738



DO NOT WRITE IN THIS SPACE

03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2846357

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUBIN, JEFF E
2476 S BAYSHORE DR
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCVP SCHOONMAKER, JAMES 3701 NELSON'S WALK NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFD RUBIN, JEFF 2699 S BAYSHORE DR, SUITE 600C MIAMI, FL 33133 <i>1320 S. Dixie Hwy, #201 Coral Gables, FL 33146</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOLISCH, KIM 5630 SW 76 ST APT 4 MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD KOLHAS, JOCH 2476 S BAYSHORE DR MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EWING, CAROL 71475 SW 47 ST. 201 202 MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 live empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/05 305.858.3320