

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90094 016 \*\*\*\*61.25

**DOCUMENT # N22880**

1. Entity Name

**FLORIDA YACHT BROKERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 460044  
 FT. LAUDERDALE FL 33346  
 US

P.O. BOX 460044  
 FT. LAUDERDALE FL 33346  
 US

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

**65-0015349**

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

**WHITT, RAE**  
**1550 SE 17TH ST**  
**#4**  
**FT LAUDERDALE FL 33316**

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 \_\_\_\_\_

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: **TD**  Delete  
 NAME: **MERRIGAN, KEVIN**  
 STREET ADDRESS: **1901 S.E. 4TH AVE**  
 CITY-ST-ZIP: **FORT LAUDERDALE FL**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **PD**  Delete  
 NAME: **TIERNEY, BARBARA**  
 STREET ADDRESS: **3151 ST. RD. 84**  
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33312**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **SD**  Delete  
 NAME: **SCHINTZIUS, WARREN**  
 STREET ADDRESS: **232 BADIN DR**  
 CITY-ST-ZIP: **LAUDERDALE BY THE SEA FL 33308**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **SD**  Delete  
 NAME: **SEA, WALTER**  
 STREET ADDRESS: **350 SW MONTEREY ROAD**  
 CITY-ST-ZIP: **STUART FL 34994**

TITLE: **Vice President (D)**  Change  Addition  
 NAME: **Sea, Walter**  
 STREET ADDRESS: **350 S.W. Monterey Rd.**  
 CITY-ST-ZIP: **Stuart, Fl 34994**

TITLE: **VPD**  Delete  
 NAME: **GENNETT, DAVID**  
 STREET ADDRESS: **801 SEABREEZE BLVD**  
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33316**

TITLE: **PResident (D)**  Change  Addition  
 NAME: **Gennett, David**  
 STREET ADDRESS: **801 Seabreeze Blvd.**  
 CITY-ST-ZIP: **Ft. Lauderdale, Fl 33316**

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **Secretary (D)**  Change  Addition  
 NAME: **Newton, Rob**  
 STREET ADDRESS: **1700 E. Las Olas Blvd., #100**  
 CITY-ST-ZIP: **Ft. Lauderdale, Fl 33301**

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: \_\_\_\_\_

*Rae Whitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

954-522-9270

Daytime Phone #

CR2E037 (10/00)