

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90023 036 ****61.25

DOCUMENT # N26558

1. Entity Name

CAT CAY YACHT CLUB, INC.

Principal Place of Business

Mailing Address

1100 LEE WAGENER BLVD
 SUITE 101
 FT LAUDERDALE FL 33315
 US

500 EAST BROWARD BLVD., SUITE 1950
 FT. LAUDERDALE FL 33394-3004

2. Principal Place of Business

3. Mailing Address

3232 SW 2 Avenue

Suite, Apt. #, etc.
 202

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. FEI Number

65-0105771

Applied For

Not Applicable

Zip

Country

33315

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

HARDIN, DAVID C.
 500 E. BROWARD BLVD., SUITE #1950
 FT. LAUDERDALE FL 33394

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 **DS** Delete
 NAME **DAVIS, CHARLES L**
 STREET ADDRESS **1001 HILLSBORO MILE**
 CITY-ST-ZIP **HILLSBORO BEACH FL**

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

TITLE **D** Delete
 NAME **ECKERT, WILLIAM I**
 STREET ADDRESS **155 N HARBOR DRIVE, #5201**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **D** Delete
 NAME **COFFEY, CHARLES F**
 STREET ADDRESS **505 BEACHLAND BLVD, SUITE 1-247**
 CITY-ST-ZIP **VERO BEACH FL**

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME **DP FERRELL, MILTON M., JR.**
 STREET ADDRESS **201 S. Biscayne Boulevard, #1920**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME **DS WHITSON, DON**
 STREET ADDRESS **1020 Cordova Street**
 CITY-ST-ZIP **San Diego, CA 92107**

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: _____

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE