

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004125

1. Entity Name

LOBEARD YACHT CLUB, INCORPORATED

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90373 031 ****61.25

Principal Place of Business

Mailing Address

2 LEUCADENDRA
 CORAL GABLES FL 33156

2 LEUCADENDRA
 CORAL GABLES FL 33156-2326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0469520

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

THYREE, ALEC G
 2 LEUCADENDRA
 CORAL GABLES FL 33156

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 ☐ Delete
 NAME D
 STREET ADDRESS GEORGE, CHARLES M
 CITY-ST-ZIP 2 LEUCADNDRA
 CORAL GABLES FL 33146

TITLE ☒ Delete
 NAME D
 STREET ADDRESS JUREIT, ROBERT A
 CITY-ST-ZIP 2 LEUCADNDRA
 CORAL GABLES FL 33146

TITLE ☐ Delete
 NAME D
 STREET ADDRESS THYREE, ALEC G
 CITY-ST-ZIP 2 LEUCADNDRA
 CORAL GABLES FL 33156

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 33156

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS MICHAEL ESSINGTON
 CITY-ST-ZIP 2 LEUCADNDRA
 CORAL GABLES, FL 33156

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 3056617686