

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2002 8:00 am  
Secretary of State

05-01-2002 91531 018 \*\*\*\*61.25

DOCUMENT # N94000005923

1. Entity Name

THE INTERNATIONAL SAILING CENTER ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

104300 OVERSEAS HWY  
STE 1  
KEY LARGO FL 33037  
US

P OBOX 2060  
KEY LARGO FL 33037  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

MCDONALD, JAMES W JR.  
COMMUNITY PLAZA, SUITE 306  
15600 SOUTHWEST 288TH STREET  
HOMESTEAD FL 33033

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 PD  
NAME WHITE, RICHARD H  
STREET ADDRESS 10 BUNTING DRIVE  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete

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

TITLE VPD  
NAME WELLS, WILLIAM R  
STREET ADDRESS 902 SOUTH RUBY DRIVE  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete

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

TITLE STD  
NAME WELLS, MARY A  
STREET ADDRESS 10 BUNTING DRIVE  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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 #

CR2E037 (9/01)