

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90478 011 \*\*\*\*61.25

**DOCUMENT #N96000002657**

1. Entity Name  
 Sailing Foundation of the Palm Beaches, Inc.

Principal Place of Business  
 2692 Lone Pine Road  
 Palm Beach Gardens,  
 Florida 33410

Mailing Address  
 P.O. Box 14594  
 North Palm Beach,  
 Florida 33408

2. Principal Place of Business  
 138 Barton Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Palm Beach, Florida

City & State

4. FEI Number  
 65-0681760

Applied For  
 Not Applicable

Zip  
 33480

Country  
 USA

Zip

Country

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

## 6. Name and Address of Current Registered Agent

Hinckley, Edward  
 2692 Lone Pine Road  
 Palm Beach Gardens, FL 33410

## 7. Name and Address of New Registered Agent

Name  
 John H. Hough  
 Street Address (P.O. Box Number is Not Acceptable)  
 249 Royal Palm Way  
 Suite 403  
 City  
 Palm Beach FL Zip Code  
 33480

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kirkbride, Walter 138 Barton Avenue Palm Beach, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Hough, John H. 7 Alnwick Road Palm Beach Gardens, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Hinckley, Edward 2692 Lone Pine Road Palm Beach Gardens, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Williams, Lisa 21 McKinley Road Falmouth, ME 04105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Royal, Michele 277 Pendleton Avenue Palm Beach, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fierer, Joshua Dr. 132 Lakeshore Dr., Apt. 1020 North Palm Beach, FL 33408	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Freeman, Howard 133 Vintage Isle Lane Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luscomb, Karen 9671 Sandy Run Rd. Jupiter, FL 33478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Purcell, Martin A. 435 Brazilian Avenue Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 (9/99)