

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90004 032 ****61.25

DOCUMENT # N96000002657

1. Entity Name

SAILING FOUNDATION OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

**138 BARTON AVENUE
 PALM BEACH FL 33480**

**P O BOX 14594
 NORTH PALM BEACH FL 33408
 US**

C0075569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

249 ROYAL PALM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 403

City & State

City & State

PALM BEACH, FL

4. FEI Number **65-0681760**

Applied For

Not Applicable

Zip

Country

Zip

Country

33480

PALM BEACH

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

**HOUGH, JOHN M
 249 ROYAL PALM WAY
 SUITE 403
 PALM BEACH FL 33480**

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
 After September 12, 2001, min. will be \$236.25**

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 **DI DIRECTOR** ☐ Delete
 NAME **KIRKBRIDE, WALTER**
 STREET ADDRESS **138 BARTON AVE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **KIRKBRIDE, WALTER**
 STREET ADDRESS **138 BARTON AVE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DI DIRECTOR & TREASURER** ☐ Delete
 NAME **HOUGH, JOHN H**
 STREET ADDRESS **7 ALLWICK ROAD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **DIRECTOR & TREASURER** ☒ Change ☐ Addition
 NAME **HOUGH, JOHN H**
 STREET ADDRESS **7 ALLWICK ROAD**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **DI DIRECTOR & PRESIDENT** ☐ Delete
 NAME **HINCKLEY, EDWARD**
 STREET ADDRESS **2692 LONE PINE ROAD**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **HINCKLEY, EDWARD**
 STREET ADDRESS **2692 LONE PINE ROAD**
 CITY-ST-ZIP **PALM BEACH GDNS, FL 33410**

TITLE **DS** ☒ Delete
 NAME **WILLIAMS, LISA**
 STREET ADDRESS **21 MCKINLEY ROAD**
 CITY-ST-ZIP **EALMOUTH ME 04105**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **FREEMAN, HOWARD**
 STREET ADDRESS **133 NINTAGE ISLE LAKE**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☒ Delete
 NAME **ROYAL, MICHELE**
 STREET ADDRESS **277 PENDLETON AVENUE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **D DIRECTOR & SECRETARY** ☐ Delete
 NAME **FIERER, JOSHUA DR**
 STREET ADDRESS **132 LAKESHORE DR, APT 1020**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **DIRECTOR & SECTRAY** ☒ Change ☐ Addition
 NAME **FIERER, JOSHUA DR**
 STREET ADDRESS **132 LAKESHORE DR, APT 1020**
 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED PRESIDENT

8-19-2001

561-775-1980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0009727

CR2E037 (5/01)