

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**  
 01-18-2000 90100 010 \*\*\*\*61.25

**DOCUMENT # N97000002558**  
 1. Entity Name  
**EASTERN SHORES-AVENTURA YACHT CLUB, INC.**

Principal Place of Business C/O HERB STONE 950 NE 199TH ST APT 301 NORTH MIAMI BEACH FL 33179	Mailing Address C/O HERB STONE 950 NE 199TH ST APT 301 NORTH MIAMI BEACH FL 33179-3093
--	---

**600141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o George Parmett Suite, Apt. #, etc. 530 Hibiscus Drive City & State Hallandale, FL Zip 33009	Country USA	3. Mailing Address c/o George Parmett Suite, Apt. #, etc. 530 Hibiscus Drive City & State Hallandale, FL Zip 33009	Country USA
---	----------------	---	----------------

4. FEI Number <b>65-0908218</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**STONE, HERB**  
**950 NE 199TH ST APT 301**  
**NORTH MIAMI BEACH FL 33179**

Name  
Parmett, George  
 Street Address (P.O. Box Number is Not Acceptable)  
530 Hibiscus Drive  
 City  
Hallandale **FL** Zip Code  
33009

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

01/07/2000

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 STONE, HERB	STREET ADDRESS 950 NE 199TH ST	CITY-ST-ZIP N MIAMI BCH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE D	NAME BURKE, HARVEY	STREET ADDRESS 20505 E COUNTRY CLUB DR	CITY-ST-ZIP AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE TD	NAME GRANT, HOWARD	STREET ADDRESS 18051 BISCAYNE BLVD APT 1804	CITY-ST-ZIP AVENTURA FL 33160	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE PD	NAME Parmett, George	STREET ADDRESS 530 Hibiscus Drive	CITY-ST-ZIP Hallandale, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input 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: George Parmett  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2000 (954) 454-81

Date Daytime Phone #