

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90050 050 ****61.25

DOCUMENT # N97000002558

1. Entity Name

EASTERN SHORES-AVENTURA YACHT CLUB, INC.

Principal Place of Business

Mailing Address

C/O HERB STONE
 530 HIBISCUS DR
 HALLANDALE FL 33009

C/O HERB STONE
 530 HIBISCUS DR
 HALLANDALE FL 33009

00015501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

530 Hibiscus Drive

3. Mailing Address

530 Hibiscus Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Hallandale, FL

4. FEI Number

65-0908218

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

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

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

Name

George Parmett

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

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	<input type="checkbox"/> Delete
NAME	PARMETT, GEORGE	
STREET ADDRESS	530 HIBISCUS DR	
CITY-ST-ZIP	HALLANDALE FL 33109	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, HARVEY	
STREET ADDRESS	20505 E COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRANT, HOWARD	
STREET ADDRESS	18051 BISCAYNE BLVD APT 1804	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
 GEORGE PARMETT

Date 2/5/01

Daytime Phone # 954.454.8111

CR2E037 (10/00)