

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90105 031 ****61.25

DOCUMENT # N97000002558

1. Entity Name

EASTERN SHORES-AVENTURA YACHT CLUB, INC.

Principal Place of Business

**530 HIBISCUS DR
HALLANDALE FL 33009**

Mailing Address

**530 HIBISCUS DR
HALLANDALE FL 33009**

2. Principal Place of Business

3501 Keyser Avenue

Suite, Apt. #, etc.

Unit 32

City & State

Hollywood, FL

3. Mailing Address

3501 Keyser Avenue

Suite, Apt. #, etc.

Unit 32

City & State

Hollywood, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0908218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARMETT, GEORGE
530 HIBISCUS DR
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

Howard Grant

Street Address (P.O. Box Number is Not Acceptable)

3501 Keyser Avenue

Unit 32

City

Hollywood

FL

Zip Code

33021

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PARMETT, GEORGE	
STREET ADDRESS	530 HIBISCUS DR	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, HARVEY	
STREET ADDRESS	20505 E COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	TD	<input checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grant, Howard	
STREET ADDRESS	3501 Keyser Ave., Unit 32	
CITY-ST-ZIP	Hollywood, FL 33021	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orlan, Jerry	
STREET ADDRESS	100 Golden Isles Dr., #1204	
CITY-ST-ZIP	Hallandale, FL 33009	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Itchkow, Myra	
STREET ADDRESS	18081 Biscayne Blvd., #505	
CITY-ST-ZIP	Aventura, FL 33160	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gogh, Bob	
STREET ADDRESS	3811 N.E. 166th St.	
CITY-ST-ZIP	North Miami Beach, FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE REQUIRED

Howard Grant, Pres.

954-963-0560

CR2E037 (9/01)