

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

3/1:

03-12-2003 90113 047 \*\*\*\*\*61.25

**DOCUMENT # N97000002558**

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



Principal Place of Business  
**3501 KEYSER AVE. UNIT 32  
HOLLYWOOD FL 33021**

Mailing Address  
**3501 KEYSER AVE. UNIT 32  
HOLLYWOOD FL 33021**

2. Principal Place of Business

**3811 NE 166 ST**

Suite, Apt. #, etc.

3. Mailing Address

**3811 NE 166 ST**

Suite, Apt. #, etc.

**00041116**

☐ CHECK HERE IF MAKING CHANGES

City & State

**N. MIAMI BEACH, FL 33160**

City & State

**N. MIAMI BEACH, FL 33160**

4. FEI Number **65-0908218**

Applied For

Not Applicable

Zip

**33160**

Country

**USA**

Zip

**33160**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, HOWARD  
3501 KEYSER AVE, UNIT 32  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **ROBERT F. GOCH**

Street Address (P.O. Box Number is Not Acceptable)  
**3811 NE 166 ST**

City **N. MIAMI BEACH**

FL

Zip Code

**33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert F. Goch*

**3-8-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **GRANT, HOWARD**  
STREET ADDRESS **3501 KEYSER AVE, UNIT 32**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Delete  
NAME **ORLAN, JERRY**  
STREET ADDRESS **100 GOLDEN ISLES DR #1204**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **SD** ☐ Delete  
NAME **ITCHKOW, MYRA**  
STREET ADDRESS **18081 BISCAYNE BLVD., #505**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **TD** ☐ Delete  
NAME **GOCH, BOB**  
STREET ADDRESS **3811 N.E. 166TH ST**  
CITY-ST-ZIP **MIAMI FL 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **COMMODORE** ☐ Change ☒ Addition  
NAME **JERRY ORLAN**  
STREET ADDRESS **100 GOLDEN ISLES DR #1204**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **VICE COMMODORE** ☐ Change ☒ Addition  
NAME **AL PEREZ**  
STREET ADDRESS **21211 NE 25TH CT**  
CITY-ST-ZIP **MIAMI, FL 33180**

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

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

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

TITLE ☐ Change ☐ 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 Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Robert F. Goch*

**3-8-03 305-944-5412**

Date

Daytime Phone #

CR2E037 (10/02)