

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
 04-27-2000 90117 048 \*\*\*\*61.25

**DOCUMENT # N98000002130**

1. Entity Name

**MULTIHULL ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

21123 NE 23 COURT  
 MIAMI FL 33180  
 US

21123 NE 23 COURT  
 MIAMI FL 33180-1057  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0897140**

Applied For

Not Applicable

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

**KAUFMAN, DAVID S  
 6360 S.W. 84TH STREET  
 MIAMI FL 33143-8029**

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**

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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **HERTZ, LEE**  
 CITY-ST-ZIP **21123 NE 23 COURT**  
**MIAMI FL 33180**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **TELOH, JOHN**  
 CITY-ST-ZIP **2506 SUGARLOAF LANE**  
**FORT LAUDERDALE FL 33312**

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

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **SEIDLER, DON**  
 CITY-ST-ZIP **1850 NE 175 ST**  
**MIAMI FL 33162**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FINKHOUSE, DENNIS**  
 CITY-ST-ZIP **12706 NE 3RD AVE**  
**MIAMI FL 33161**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STEINHAND, WALTER**  
 CITY-ST-ZIP **18081 BISCAYNE BLVD**  
**N MIAMI BCH FL 33160**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ALLEY, STEVE**  
 CITY-ST-ZIP **300 N.E. 5TH AVE.**  
**BOCA RATON FL 33432**

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:

*DAVID S KAUFMAN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00

305 682 0440

CR2E037 (9/99)