

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0044201

DOCUMENT # N98000002130

1. Entity Name

MULTIHULL ASSOCIATION OF SOUTH FLORIDA, INC.

03-26-2001 90051 013 ****61.25

Principal Place of Business

Mailing Address

**21123 NE 23 COURT
 MIAMI FL 33180
 US**

**21123 NE 23 COURT
 MIAMI FL 33180
 US**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0897140

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE **P** ☒ Change ☐ Addition
 NAME **MALCOLM ELLIOTT**
 STREET ADDRESS **3054 SHIPPING AVE**
 CITY-ST-ZIP **MIAMI, FL 33133**

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

TITLE **V** ☒ Change ☐ Addition
 NAME **DENNIS, FINKHOUSE**
 STREET ADDRESS **12706 NE 3rd AVE**
 CITY-ST-ZIP **MIAMI, FL 33161**

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

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **VAN LEBR, JOHN**
 STREET ADDRESS **1200 NE 84TH STREET**
 CITY-ST-ZIP **MIAMI FL 33138**

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

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

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

TITLE **D** ☒ Change ☐ Addition
 NAME **TELOH, JOHN**
 STREET ADDRESS **2506 SUGARLOAF LANE**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

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

MALCOLM J ELLIOTT 3/22/01

Date

Daytime Phone #

CR2E037 (10/00)