

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001708

1. Entity Name

YOUTH EXPERIENCE SAILING, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90032 019 \*\*\*\*61.25

Principal Place of Business

500 BRISTLECONE LANE  
NAPLES FL 34113-8316

Mailing Address

500 BRISTLECONE LANE  
NAPLES FL 34113-8316

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

59-3563106

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

LAFLEUR, WAYNE J  
500 BRISTLECONE LANE  
NAPLES FL 34113-8316

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**  
**After September 13, 2000 min. will be \$236.25**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
PRESIDENT - DIRECTOR  
WAYNE J. LAFLEUR  
500 BRISTLECONE LN.  
NAPLES, FL 34113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
VICE PRESIDENT - SECRETARY  
LUCIE M. GALLOP  
270 LANCASTER CT.  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☒ Addition  
GEOFFREY M SALKOW  
200 CUDDY CT.  
NAPLES, FL 34103  
TAKASUMA - DIRECTOR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
DIRECTOR  
ARTHUR GRAHAM  
2397 KINGS LAKE  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☒ Addition  
DIRECTOR  
DIONNIS O'BRIEN  
11082 WINDSONG CSM.  
NAPLES, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
DIRECTOR  
JUDY HEATKORN  
13020 HAMILTON HARBOR  
NAPLES, FL 34110

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

WAYNE J. LAFLEUR

Date

Daytime Phone #

9/8/00 941-775-2363

CR2E037 (5/00)