

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90130 001 \*\*\*158.75

**DOCUMENT # P00000023698**

**1. Entity Name**  
**PORT EVERGLADES YACHT SALES, INC.**

**Principal Place of Business**  
**1300 SE 17TH STREET**  
**SUITE D**  
**FORT LAUDERDALE FL 33316**

**Mailing Address**  
**1300 SE 17TH STREET**  
**SUITE D**  
**FORT LAUDERDALE FL 33316**



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0988122	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ROGERS, ALEX MR**  
**601 SW 5TH AVE**  
**FORT LAUDERDALE FL 33315**

**DELETE**

**7. Name and Address of New Registered Agent**

**Name** **MR. RANDALL W. KIRIES**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1300 SE 17TH STREET**  
**SUITE D**  
**City** **FT. LAUDERDALE** **FL** **Zip Code** **33316**

**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** *Randall W. Kiries* *RANDALL W. KIRIES* *4-12-02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>ROGERS, ALEX</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>601 SW 5TH AVE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL 33315</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>PRESIDENT</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>GRIFFIN, BRUCE F</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>RR #1 BOX 185A</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>HUDSON IL 61748</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>GRIFFIN, KELLY I</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>RR #1 BOX 185A</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>HUDSON IL 61748</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Mum 2* *4.8.02.* *309-825-3600*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)