

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073284

1. Entity Name  
SOUTHEAST YACHTING SCHOOL & CHARTERS, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90051 005 \*\*\*150.00

Principal Place of Business  
2170 S.E. 17TH STREET  
SUITE 304  
FORT LAUDERDALE FL 33316

Mailing Address  
2170 S.E. 17TH STREET  
SUITE 304  
FORT LAUDERDALE FL 33316

2. Principal Place of Business  
340 SUNSET DR.  
Suite, Apt. #, etc.  
SUITE 1505

3. Mailing Address  
P.O. BOX 22878  
Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE, FL  
Zip 33301 Country USA

City & State  
FT. LAUDERDALE, FL  
Zip 33335 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0452504  
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

STURRUP, ROBERT M  
2601 E OAKLAND PARK BLVD.  
SUITE 503 - ADAMS BUILDING  
FORT LAUDERDALE FL 33306

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

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NACK, NADINE L 2170 S.E. 17TH STREET, SUITE 304 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, CAROLYN L 2170 S.E. 17TH STREET, SUITE 304 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NACK, WILBERT A 1416 MAIN AVENUE SHEBOYGAN WI 53081	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carolyn L. Williams CAROLYN L. WILLIAMS 4/25/01 954-523-2628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)