

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018452

1. Entity Name

LAUDERDALE YACHT BASIN HOLDINGS, INC.

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90171 043 \*\*\*150.00

Principal Place of Business

Mailing Address

3600 CLUB PLACE  
BOCA RATON FL 33496

3600 CLUB PLACE  
BOCA RATON FL 33496-2702

2. Principal Place of Business

150 E. Palmetto Pk Rd

3. Mailing Address

150 E. Palmetto Pk Rd

Suite, Apt. #, etc.

Suite 330

Suite, Apt. #, etc.

Suite 330

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-0498171

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

JULIEN, ROBERT  
3600 CLUB PLACE  
BOCA RATON FL 33496

Name

Street Address (P.O. Box Number is Not Acceptable)

150 E. Palmetto Park Road

Suite 330

City

Boca Raton

FL

Zip Code

33432

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, 2000 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 VAS  
NAME JULIEN, ROBERT  
STREET ADDRESS 3600 CLUB PLACE  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 150 E. Palmetto Park Road St. 330  
CITY-ST-ZIP Boca Raton, FL. 33432

TITLE VT  
NAME CLARKE, MIKE  
STREET ADDRESS 2200 YONGE STREET, SUITE 1600  
CITY-ST-ZIP TORONTO ONTARIO CA ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED** Robert Jules

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-394-5600

Daytime Phone #