2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90010 004 ***150.00

DOCUMENT # P97000086359

1. Entity Name

INTERNATIONAL YACHTMASTER TRAINING & DELIVERIES,

Principal Place of Business	Mailing Address
~~712 SE 17TH ST.~~ ~~FT LAUDERDALE FL 33316~~	~~712 SE 17TH ST.~~ ~~FT LAUDERDALE FL 33316-2928~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1510 S.E. 17th St.	1510 S.E. 17th St.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Fort Lauderdale, FL	City & State: Fort. Lauderdale, FL
Zip: 33316 Country: USA.	Zip: 33316 Country: U.SA

4. FEI Number 65-0786741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~FRY, MACK~~
~~712 SE 17 ST~~
~~FT. LAUDERDALE FL 33316~~

7. Name and Address of New Registered Agent

Name: Fry, Mark
Street Address (P.O. Box Number is Not Acceptable): 1510 S.E. 17th St., Suite 200
City: Fort. Lauderdale, FL **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 X ______
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	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRY, MARK		NAME		
STREET ADDRESS	712 SE 17TH ST.		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Jay Lasher		NAME		
STREET ADDRESS	1030 Coral Ridge Drive Suite #302		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33071		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 1/20/00 954-779-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #