

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90851 001 ***450.00

DOCUMENT # P97000086359

1. Entity Name

INTERNATIONAL YACHTMASTER TRAINING, INC.

Principal Place of Business

**810 SE 17TH ST
 STE 200
 FT LAUDERDALE FL 33316**

Mailing Address

**1510 SE 17TH ST.
 STE 200
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

910 SE 17th Street

3. Mailing Address

Suite, Apt. #, etc.

Ste #200

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33316

Country

Zip

Country

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, MARK Mark
 910 SE 17TH ST
 STE 200
 FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PSTD** ☐ Delete
 NAME **FRY, MARK**
 STREET ADDRESS **712 SE 17TH ST.**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete
 NAME **LASHER, JAY**
 STREET ADDRESS **1030 CORAL RIDGE DR. #302**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ Delete
 NAME **ANNAN, LES**
 STREET ADDRESS **910 SE 17TH ST STE., 200**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete
 NAME **FRY, JENNIFER**
 STREET ADDRESS **910 SE 17TH ST STE., 200**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete
 NAME **TAYLOR, CHRIS**
 STREET ADDRESS **910 SE 17TH ST STE., 200**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Lasher, Jay**
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **William James Dibble**
 CITY-ST-ZIP **817 SE 12th St #3 Fort Lauderdale, FL 33316**

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:

Mark Fry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)