

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068798

1. Entity Name

INTERNATIONAL YACHT SALES BROKERAGE & CHARTER, INC.

**FILED**  
Aug 04, 2000 8:00 am  
Secretary of State

08-04-2000 90004 028 \*\*\*550.00

Principal Place of Business

2260 S.E. 17TH ST.  
FORT LAUDERDALE FL 33316

Mailing Address

2260 S.E. 17TH ST.  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

2170 S.E. 17th St

3. Mailing Address

2170 S.E. 17th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0855997

Applied For

Not Applicable

Zip

33316

Country

Broward

Zip

33316

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARNER, EVA LOUISE  
2260 SE 17TH ST.  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Warner, Eva Louise

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

2170 Southeast 17th St

City

Fort 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 Eva Louise Warner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 26, 2000

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	PD	<input type="checkbox"/> Delete
NAME	MOGFORD, MICHAEL	
STREET ADDRESS	2937 VIA NAPOLI VILLE D'ESTE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LITTLE, JACK	
STREET ADDRESS	16 GLEN ARBOR PARK	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YESTER, ROSANNE	
STREET ADDRESS	6179 SHORELINE CIR	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS position open	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eva Louise Warner	
STREET ADDRESS	2937 Via Napoli	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REVENUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 1, 2000 954-462-8802

Date

Daytime Phone #

CR2E034 (5/00)