

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026842

1. Entity Name

SAILING CENTER OF THE AMERICAS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90914 032 ***150.00

Principal Place of Business

4501 SW 25TH TERR
FT LAUDERDALE FL 33312

Mailing Address

4501 SW 25TH TERR
FT LAUDERDALE FL 34982-7443

2. Principal Place of Business

5202 PALMETTO DR

3. Mailing Address

5202 PALMETTO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

Zip

34982

Country

USA

Zip

34982

Country

USA

4. FEI Number

65-0910260

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ELIZABETH M
4501 SW 25TH TERR
FT LAUDERDALE FL 33312

NEW ADDRESS!
5202 PALMETTO DR.
FT. PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name ELIZABETH M. BROWN

Street Address (P.O. Box Number is Not Acceptable)
5202 PALMETTO DR.

City FORT PIERCE

FL

Zip Code 34982

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 Elizabeth M. Brown ELIZABETH M. BROWN

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ELIZABETH M	
STREET ADDRESS	4501 SW 25TH TERR 5202 PALMETTO DR.	
CITY-ST-ZIP	FT LAUDERDALE FL 33312 FORT PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<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
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STREET ADDRESS	
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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:

Elizabeth M. Brown ELIZABETH M. BROWN

Date

4/27/00 (601) 466-9512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)