

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90040 023 \*\*\*150.00

**DOCUMENT # V08113**

1. Entity Name

**FLORIDA YACHT CHARTERS OF PALM BEACH COUNTY, INC**

Principal Place of Business

C/O FRANKLIN, P.A.  
 5315 LAKE WORTH RD.  
 LAKE WORTH FL 33463  
 US

Mailing Address

C/O FRANKLIN, P.A.  
 5315 LAKE WORTH RD.  
 LAKE WORTH FL 33463  
 US

**762207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2777 S CONGRESS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE WORTH FL**

City & State

**LAKE WORTH FL**

Zip

Country

**33461**

Zip

Country

**33461**

4. FEI Number

**65-0304679**

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

C/O FRANKLIN P.A.  
~~5315 LAKE WORTH RD.~~  
~~LAKE WORTH FL 33463~~

Name

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

**2777 S CONGRESS AVE**

City

**LAKE WORTH**

FL

Zip Code

**33461**

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHORT, ROBERT J</b>	
STREET ADDRESS	<del>5315 LAKE WORTH RD.</del>	
CITY-ST-ZIP	<del>LAKE WORTH FL 33463</del>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2777 S CONGRESS AVE</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>
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	
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)