

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 08:00 AM  
Secretary of State

DOCUMENT # V68127

1. Entity Name  
FLORIDA YACHT SALES, INC.

Principal Place of Business

1600 SE 17TH STREET  
STE 404  
FORT LAUDERDALE  
33316

FL

Mailing Address

C/O HIDDEN BRIDGE FARM  
1809 CHANCELLOR PT RD  
TRAPPE  
21673

MD

2. Principal Place of Business

6 VIA LOS INCAS

3. Mailing Address

C/O INTEGRA HOLDINGS, LP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

295 BAY STREET

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH

FL

City & State

EASTON

MD

4. FEI Number

65-0362438

Applied For

Not Applicable

Zip  
33480

Country

Zip  
21601

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAASS, ROBB R.  
321 ROYAL POINCIANA PLAZA

PALM BEACH  
33480

US

FL

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)

02/19/2001

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

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | AS                        | <input checked="" type="checkbox"/> Delete |
| NAME           | MAASS ROBB R              |  |
| STREET ADDRESS | 321 ROYAL POINCIANA PLAZA |  |
| CITY-ST-ZIP    | PALM BEACH FL             |  |
| TITLE          | PVS                       | <input type="checkbox"/> Delete            |
| NAME           | PORTER JOHN A             |  |
| STREET ADDRESS | 6 VIA LOS INCAS           |  |
| CITY-ST-ZIP    | PALM BEACH FL 33480       |  |
| 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    |                           |  |

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 |
| 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: John A. Porter

Pres

02/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)