

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90079 002 \*\*\*\*61.25

0083608

**DOCUMENT # 756175**

1. Entity Name

**EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD**

Principal Place of Business

Mailing Address

3525 W MIDWAY RD  
 FT PIERCE FL 34981  
 US

P O BOX 12908  
 FT PIERCE FL 34979  
 US

LUU11743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2094472**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DEROSS, JOSEPH**  
**401 S INDIAN RIVER DR**  
**FT PIERCE FL 34950**

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 \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **DILLMAN, MICHAEL**  
 STREET ADDRESS **1555 NW SHU BLVD**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **HANAWALT, SCOTT**  
 STREET ADDRESS **149 NE CAPRONA AVE**  
 CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **TD**  Change  Addition  
 NAME **JAMES Hanley**  
 STREET ADDRESS **2228 Colonial Rd**  
 CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE **D**  Delete  
 NAME **JOHNSTON, JANICE**  
 STREET ADDRESS **146 NW CENTRAL PARK PLAZA #101**  
 CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **VD**  Delete  
 NAME **ANDERSON, JAMES**  
 STREET ADDRESS **1850 FOUNTAINBLEU BLVD**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **PD**  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **MD**  Delete  
 NAME **GARBARINO-MAY, THERESA**  
 STREET ADDRESS **272 SE TWIG AVE**  
 CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **PD**  Delete  
 NAME **DEROSS, JOSEPH J**  
 STREET ADDRESS **401 S INDIAN RIVER DR**  
 CITY-ST-ZIP **FT PIERCE FL**

TITLE **PD**  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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**

**1/19/01**

Date

Daytime Phone #

CF2E037 (10/00)