

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003268

1. Entity Name

PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90060 013 ****61.25

Principal Place of Business P.O. BOX 7461 PORT ST. LUCIE FL 34985-9998	Mailing Address P.O. BOX 7461 PORT ST. LUCIE FL 34985-7461
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0452015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VALE, VICTOR J II
205 SO. SECOND STREET
FORT PIERCE FL 34950

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	--

10. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	STEIN, ROBERTA
STREET ADDRESS	P.O. BOX 6042
CITY-ST-ZIP	STUART FL 34997
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	COX, ROY J
STREET ADDRESS	412 NW CORNELL AVE.
CITY-ST-ZIP	PORT ST. LUCIE FL 34983
TITLE	ST <input type="checkbox"/> Delete
NAME	BENNER, CHARLES A
STREET ADDRESS	1350 LAROSE CT.
CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE	D <input type="checkbox"/> Delete
NAME	COOK, LAWRENCE J JR
STREET ADDRESS	117 NE SACAMORE TERR.
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MAYERS, DONALD U
STREET ADDRESS	412 SW TARRA AVE.
CITY-ST-ZIP	PORT ST LUCIE FL 34953
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DENNEWITZ, HOWARD
STREET ADDRESS	3100 SE PRUITT RD. F302
CITY-ST-ZIP	PORT ST LUCIE FL 34952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY J. COX
STREET ADDRESS	412 NW CORNELL AVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON PLAYFOLD
STREET ADDRESS	141 S.E. LAKEHURST DR.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL PERCIASEPE
STREET ADDRESS	671 S.E. WICKHAM TERR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON HANSON
STREET ADDRESS	4212 S.E. HOME WAY
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952

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: *Victor J. Vale* Date: 3/4/00 (561) 335-8026

CR2E037 (9/99)