

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90489 040 ****61.25

0063623

DOCUMENT # N95000003268

1. Entity Name

PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 7461
 PORT ST. LUCIE FL 34985-9998

Mailing Address

P.O. BOX 7461
 PORT ST. LUCIE FL 34985-9998

00035209



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 **65-0452015**

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

VALE, VICTOR J II
205 SO. SECOND STREET
FORT 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Action
P	STEIN, ROBERTA	P.O. BOX 8042	STUART FL 34997	<input checked="" type="checkbox"/> Delete
VP	COX, ROY J	412 NW CORNELL AVE.	PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
ST	BENNER, CHARLES A	1350 LAROSE CT	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
D	COOK, LAWRENCE J JR	117 NE SACAMORE TERR.	PORT ST LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
D	MAYERS, DONALD U	412 SW TARRA AVE	PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
D	DENNEWITZ, HOWARD	3100 SE PRUITT RD. F382	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Action
PR	JOHN CRUZ	1009 SUNRISE BLVD.	FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	JUNE MAZZAS	2597 GIBBTO CIR.	PORT ST. LUCIE, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SAC	CLAIRE THIBODEAU	2262 SE TILK TBR	PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	MAURICE SASSON	5598 FLORENCE DR	PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	ANGELA LENNON	2114 MIDTOWN RD	PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	BILL PROCIASER	671 SE EVERGREEN TRN	PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 *CLAIRE THIBODEAU* **CLAIRE THIBODEAU** 3/16/01 (561) 335-3662
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)