

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000566

1. Entity Name

SANDPIPER BAY YACHT CLUB, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90009 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3500 MORNINGSIDE BLVD.  
PORT ST. LUCIE FL 34952

PO BOX 9243  
PORT ST. LUCIE FL 34985-9243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0900724

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

STANEK, MARY  
596 SW LAKE CHARLES CIR  
PORT ST. LUCIE FL 34986

Name John CARINO JR

Street Address (P.O. Box Number is Not Acceptable)  
1112 Westchester Dr

City Port St. Lucie FL Zip Code 34952

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 ☐ Delete  
NAME D  
STREET ADDRESS HOPKINS, TOM  
CITY-ST-ZIP 1286 SW CEDAR COVE  
PORT ST. LUCIE FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOMIO, FRANK  
CITY-ST-ZIP 1752 ADAIR ROAD  
PORT ST. LUCIE FL 34952

TITLE ☐ Change ☐ Addition  
NAME REAR Commodore  
STREET ADDRESS JAMES BARNES  
CITY-ST-ZIP 2857 TALON CT  
PORT ST. LUCIE, FL 34984

TITLE ☒ Delete  
NAME D  
STREET ADDRESS CLARK, RAYMOND  
CITY-ST-ZIP 1582 BALLANTREE CT.  
PORT ST. LUCIE FL 34952

TITLE ☐ Change ☒ Addition  
NAME COMMODORE  
STREET ADDRESS PHIL LEGGIO  
CITY-ST-ZIP 4226 SE BLITTING CIR  
PORT SAINT LUCIE, FL 34952

TITLE ☒ Delete  
NAME D  
STREET ADDRESS SHEPPARD, EDWARD  
CITY-ST-ZIP 2712 EAGLE DRIVE  
PORT ST LUCIE FL 34984

TITLE ☐ Change ☒ Addition  
NAME VICE Commodore  
STREET ADDRESS JACK Debell  
CITY-ST-ZIP 109 ST. LUCIE LA  
STUART, FL 34994

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS JOAN Debell  
CITY-ST-ZIP 109 ST. LUCIE LA  
STUART, FL 34994

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME TREASURER  
STREET ADDRESS John CARINO JR  
CITY-ST-ZIP 1112 Westchester Dr.  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00 561-335-8112

Date

Daytime Phone #

CR2E037 (9/99)