

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36767

1. Entity Name

HORSESHOE POINT PIONEERS CLUB, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90066 046 \*\*\*\*61.25

Principal Place of Business HORSESHOE PT PIONEERS CLUB LOT 1 HORSESHOE PT FL 34997 US	Mailing Address P.O. BOX 1292 PORT SALERNO FL 34992-1292
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-6194205</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  LANDRY, TOM 5742 SE HULL ST STUART FL 34997
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D DEESE, KEN 5133 SE TALL PINES WAY STUART FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D JOST, ART 5995 SE GENERAL LEE TERR STUART FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P LANDRY, TOM 5742 S.E. HALL ST. STUART FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP VIM, SHERRY 5682 S.E. HALL ST. STUART FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T MILLER, COLETTA 5634 SE HORSESHOE PT RD STUART FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D KELMAN, LLOYD 5622 SE HULL ST HOBE SOUND FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P CABANISS, ROBERT 4560 S.E. CHELSGA CIR. STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP MARINO, RICHARD 5551 HULL ST STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T KESSLER, MARTHA 5754 S.E. HORSESHOE PT. RD STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Robert J. Cabaniss **ROBERT J. CABANISS** MAR 22, 2000 561 286 1066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)