

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715148

1. Entity Name

ST. LUCIE INLET BOATING SAFETY ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90129 033 ****61.25

Principal Place of Business

Mailing Address

SANDSPRIT PARK
ST LUCIE BLVD
STUART FL 34997
US

P O BOX 625
STUART FL 34995-0625

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

59-2367606

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

KERR, JUDITH M.
8543 S. E. SEAGRAPE WAY
HOBE SOUND FL 33455

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	D	<input type="checkbox"/> Delete
NAME	HARGER, HAROLD M	
STREET ADDRESS	2012 SW MAYFLOWER DR.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAELIAN, HARRY D.	
STREET ADDRESS	762 FALCON ST	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KERR, JUDITH M.	
STREET ADDRESS	8543 SE SEAGRAPE WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANZ, JOSEPH J.	
STREET ADDRESS	2423 SW 14TH TERR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT	
STREET ADDRESS	352 NARANIA AVE	
CITY-ST-ZIP	PT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARMILLER, KAREN	
STREET ADDRESS	8612 SE MARINA BAY DR	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEISCHHACKER, OWEN W.	
STREET ADDRESS	5418 ANHINGA AVE.	
CITY-ST-ZIP	PALM CITY, FL, 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARMILLER, RON P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Judith M. Kerr REQUIRE JUDITH M. KERR 2-6-00 (561)546-7681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)