FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # 715148** 1. Entity Name ST. LUCIE INLET BOATING SAFETY ASSOCIATION, INC. 04-10-2001 90004 047 \*\*\*\*61.25 Principal Place of Business Mailing Address SANDSPRIT PARK P O BOX 625 ST LUCIE BLVD STUART FL 34995 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2367606 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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** 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE BON KARMILLER, RON P. HARGER, HAROLD M NAME 8612 SE MARINA BAY DR STREET ADDRESS 2012 SW MAYFLOWER DR. STREET ADDRESS HOBE SOUND, FL 33455 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE ☐ Delete TITLE D ☐ Change **X** Addition FRISKEY, WM, A MICHAELIAN, HARRY D. NAME 3500 S KANNER HWY, #176 STREET ADDRESS 762 FALCON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 STUART, H. DEACON, JR Change - 12 Addition -TITLE : TD - ■ Delete -TITLE WILLIAM KERR, JUDITH M. NAME NAME 577 SW RIVERWAY BLVD STREET ADDRESS 8543 SE SEAGRAPE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL SD TITLE ☐ Delete TITLE Change **Addition** PHOENIX, CHRISTOPHER LANZ, JOSEPH J. NAME NAME 1543 NE 24TH ST. STREET ADDRESS 2423 SW 14TH TERR STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP JENSEN BCH, FL **VPD** TITLE Delete TITLE ☐ Chance HEINS, H. FRED DAVIS, ROBERT NAME NAME STREET ADDRESS BI98 BLOLLY CT. 352 NARANIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 34952 PT ST LUCIE FL 34983 PORT ST. LUCIE, FL TITLE ጆ Delete TITLE ☐ Change Addition KARMILLER, RON P NAME NAME STREET ADDRESS 8612 SE MARINA BAY DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **HOBE SOUND FL 33455**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER

William H. DEACON. Je