

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90120 030 ****61.25

DOCUMENT # 716229

1. Entity Name

SAINTS AND SINNERS YACHT CLUB, INC., PORT ST. LU

Principal Place of Business

Mailing Address

SANDPIPER BAY
P. O. BOX 9362
PORT ST. LUCIE FL 34985-6362

SANDPIPER BAY
P. O. BOX 9362
PORT ST. LUCIE FL 34985-9362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-9236898

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

CROSBY, JOHN L
2650 SE ERICKSON DR.
PORT ST. LUCIE FL 34984

Name

OLEG POSE

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

2690 S.E. ERICKSON DR.

Port St. Lucie, FL

Zip Code 34984

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

1-22-00

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 TD ☐ Delete
NAME FERGUSON, BARBARA
STREET ADDRESS 4287 SE BRITTNEY CIRCLE
CITY-ST-ZIP PORT ST LUCIE FL

TITLE D ☒ Delete
NAME ORDSTOR, WESLEY
STREET ADDRESS 1102 SE MITCHELL AVE. 308
CITY-ST-ZIP PORT ST LUCIE FL

TITLE D ☐ Delete
NAME CENTEN, ROBERT
STREET ADDRESS 1102 SE MITCHELL AVE, #308
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE SD ☒ Delete
NAME CROSBY, JOHN L.
STREET ADDRESS 2650 SE ERICKSON DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE SD ☐ Delete
NAME POSE, OLEG
STREET ADDRESS 2690 SE ERICKSON DR
CITY-ST-ZIP PORT ST LUCIE FL

TITLE D ☐ Delete
NAME SCOTT, PAUL
STREET ADDRESS 2514 SE PETT LANE
CITY-ST-ZIP PORT ST LUCIE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME COSKETT, BARBARA
STREET ADDRESS 3282 S.E. RIVER VISTA DR.
CITY-ST-ZIP PORT ST. LUCIE, FL

TITLE ☐ Change ☒ Addition
NAME ROBERT VANDERZEE
STREET ADDRESS 7398 PINE CREEK WAY
CITY-ST-ZIP PORT ST. LUCIE, FL

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: BARBARA B COSKETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-00

Date

561-335-5068

Daytime Phone #