

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716229

1. Entity Name

SAINTS AND SINNERS YACHT CLUB, INC., PORT ST. LUCIE, FLORIDA

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 34985-6362

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

05-9236898

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

POSE, OLEG  
2690 SE ERICKSON DR  
PORT ST. LUCIE FL 34984

Name

STANLEY DEVOE

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

1862 ELROSE ST.

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

*Stanley Devoe*

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  
NAME CENTEN, ROBERT  
STREET ADDRESS 1102 SE MITCHELL AVE, #306  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME JAMES, AMY  
STREET ADDRESS 3100 PRUITT RD A-301  
CITY-ST-ZIP PORT ST. LUCIE FL 34955

TITLE TD  
NAME CHARLENE PRICE  
STREET ADDRESS 2401 LOOKOUT BLVD.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE D  
NAME VANDERZIE, ROBERT  
STREET ADDRESS 3338 PINE CREEK WAY  
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE D  
NAME STANLEY DEVOE  
STREET ADDRESS 1862 ELROSE ST.  
CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02-561-336-  
Date Daytime Phone # 2379

CR2E037 (9/01)