

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90183 043 ****70.00

DOCUMENT # 733707

1. Entity Name
CLUB UTILITAS, INC.

Principal Place of Business Mailing Address

1002 AVENUE "L" **POST OFFICE BOX 61**
P.O. BOX 61 **P.O. BOX 61**
FORT PIERCE FL 34954 **FORT PIERCE FL 34954**
US **US**



DO NOT WRITE IN THIS SPACE

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 **59-2736109** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCDONALD, BERTHA
2103 JUANITA AVE.
FORT PIERCE FL 34947

7. Name and Address of New Registered Agent

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 *Bertha M. McDonald* DATE *1-17-01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete
NAME	JESSYE WALKER	
STREET ADDRESS	2102 VALENCIA	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCDONALD, BERTHA	
STREET ADDRESS	2103 JUANITA AVE.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	FST	<input type="checkbox"/> Delete
NAME	JOHNSON, YVONNE	
STREET ADDRESS	1127 FORESTHILL COVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACKSON, SARAH	
STREET ADDRESS	1901 N. 41 ST.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	CMD	<input type="checkbox"/> Delete
NAME	HOLMES, REATHA	
STREET ADDRESS	3708 AVE. D	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JEFFERSON, ZEROBIA	
STREET ADDRESS	2300 VALENCIA AVE.	
CITY-ST-ZIP	FT. PIERCE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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: *Zerobia L. Jefferson* SIGNATURE REQUIRED *Bertha M. McDonald* DATE *1/19/01* Daytime Phone # *(864) 465-0921*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)