

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 733707

FILED
Jan 09, 2002
Secretary of State

Entity Name: CLUB UTILITAS, INC.

Current Principal Place of Business:

1002 AVENUE "L"
P.O. BOX 61
FORT PIERCE, FL 34954 US

New Principal Place of Business:

1002 AVENUE
P.O. BOX 61
FORT PIERCE, FL 34954 US

Current Mailing Address:

POST OFFICE BOX 61
P.O. BOX 61
FORT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 59-2736109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDONALD, BERTHA
2103 JUANITA AVE.
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JESSYE WALKER,
Address: 2102 VALENCIA
City-St-Zip: FORT PIERCE, FL

Title: P () Delete
Name: MCDONALD, BERTHA
Address: 2103 JUANITA AVE.
City-St-Zip: FT. PIERCE, FL

Title: FST () Delete
Name: JOHNSON, YVONNE
Address: 1127 FORESTHILL COVE
City-St-Zip: PORT ST. LUCIE, FL

Title: V () Delete
Name: JACKSON, SARAH,
Address: 1901 N. 41 ST.
City-St-Zip: FT. PIERCE, FL

Title: CMD () Delete
Name: HOLMES, REATHA
Address: 3708 AVE. D
City-St-Zip: FT. PIERCE, FL

Title: S () Delete
Name: JEFFERSON, ZEROBIA
Address: 2300 VALENCIA AVE.
City-St-Zip: FT. PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JEFFERSON, ZENOBIA
Address: 2300 VALENCIA AVE.
City-St-Zip: FT. PIERCE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORA L. MONROE

Electronic Signature of Signing Officer or Director

DIR

01/09/2002

_____ Date