


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90202 028 \*\*\*\*70.00

**DOCUMENT # 733707**

1. Entity Name  
**CLUB UTILITAS, INC.**



Principal Place of Business      Mailing Address

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

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

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 **Barbara Moore**

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

**2050 Oleander Blvd 11-104**

City **Fort Pierce**      State **FL**      Zip Code **34950**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara Moore      *Barbara Moore*      January 10, 2003

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JESSYE WALKER</b>	NAME	<b>Moore, Barbara</b>
STREET ADDRESS	<b>2102 VALENCIA</b>	STREET ADDRESS	<b>2050 Oleander Blvd 11-104</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	CITY-ST-ZIP	<b>Fort Pierce, FL 34950</b>
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONALD, BERTHA</b>	NAME	<b>Walker, Jessye</b>
STREET ADDRESS	<b>2103 JUANITA AVE.</b>	STREET ADDRESS	<b>2102 Valencia Ave</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	CITY-ST-ZIP	<b>Fort Pierce, FL 34954</b>
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, YVONNE</b>	NAME	<b>Clemons, Hilda</b>
STREET ADDRESS	<b>1127 FORESTHILL COVE</b>	STREET ADDRESS	<b>1710 Arizona Ave.</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	CITY-ST-ZIP	<b>Fort Pierce, FL 34982</b>
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, SARAH</b>	NAME	<b>Barnes, Betty</b>
STREET ADDRESS	<b>1901 N. 41 ST.</b>	STREET ADDRESS	<b>3113 Navajo Ave</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	CITY-ST-ZIP	<b>Fort Pierce, FL 34946</b>
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CMD HOLMES, REATHA</b>	NAME	<b>CDM</b>
STREET ADDRESS	<b>3708 AVE. D</b>	STREET ADDRESS	<b>3113 Navajo Ave</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	CITY-ST-ZIP	<b>Fort Pierce, FL 34946</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFERSON, ZENOBIA</b>	NAME	
STREET ADDRESS	<b>2300 VALENCIA AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	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: **SCORAJIT MONROE REQUIRED**      *Car L. Monroe*      January 9, 2003

CFR2037 (10/02)