

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748112

1. Entity Name

PORT ST. LUCIE ATHLETIC ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90012 036 ****61.25

Principal Place of Business

Mailing Address

342 NW IRVING ST
P.O. BOX 8056
PORT ST. LUCIE FL 34985
US

113 SW EYERLY AV.
P.O. BOX 8056
PORT ST. LUCIE FL 34985-8056

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

59-2462937

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

HUDMAN, DEWEY W.
113 SW EYERLY AV.
PORT ST. LUCIE FL 34983

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

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 VD ☒ Delete
NAME HOLTON, CHARLES C JR
STREET ADDRESS 3093 SE TREASURE ISLAND RD
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE D ☐ Change ☒ Addition
NAME KAREN WEISS
STREET ADDRESS 515 NW MARION AV
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE D ☐ Delete
NAME IGNEZI, SUE
STREET ADDRESS 2948 SW BOXWOOD CIR
CITY-ST-ZIP PT ST LUCIE FL

TITLE D VP ☒ Change ☐ Addition
NAME
STREET ADDRESS 34983
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HUDMAN, DEWEY
STREET ADDRESS 113 S.W. EYERLY AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 34983
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME WEISS, MIKE
STREET ADDRESS 515 NW MARION AVE
CITY-ST-ZIP PT ST LUCIE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 34983
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BAITSHOLTS, BEVERLY
STREET ADDRESS 2558 SE OAKLYN ST
CITY-ST-ZIP PORT ST. LUCIE FL 34953

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

TITLE D ☐ Delete
NAME WALLACE, RAEANN
STREET ADDRESS 399 NE GRAN DEUR AVE
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 34983
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:

DEWEY HUDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

3-29-2000 561-462-2802

CR2E037 (9/99)