# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 13, 2000 8:00 am**
**Secretary of State**
07-13-2000 90016 045 ****61.25

DOCUMENT # 752525

1. Entity Name

FORT PIERCE YACHT CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 700 INDIAN RIVER DR.<br>P.O. BOX 3108<br>FORT PIERCE FL 34948-0108 | P.O. BOX 3108<br>FORT PIERCE FL 34948-0108 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 700 NORTH INDIAN RIVER DR | PO BOX 3108 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FORT PIERCE FL | City & State: FT PIERCE FL |
| Zip: 34948-3108 Country: USA | Zip: 34948-3108 Country: USA |

4. FEI Number: 59-2005180 ☐ 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 |
|---|---|
| DICKERT, JOHN<br>5335 MONTEGO CIR<br>FT. PIERCE FL 34949 | Name: NANCY CAFFEE/OATES C<br>Street Address (P.O. Box Number is Not Acceptable): 700 NORTH INDIAN RIVER DR<br>City: FT PIERCE FL Zip Code: 34948 |

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: JOHN M EDRIDGE — John M Edridge (TREASURER) — 7-6-2000
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**
**After September 13, 2000 min. will be $236.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>EDRIDGE, JOHN M<br>5406 EAGLE DR<br>FT PIERCE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCGRAVE, DIANE<br>3207 S LAKEVIEW CIR #201<br>FT PIERCE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARLAND PHELPS<br>1710 SAND DOLLAR WAY<br>VERO BEACH FL 32963 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KEN LELLY<br>6190 EMERSON AVE<br>FT PIERCE FL 34951 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EDWARD FAHEY<br>1310 BAYSHORE DR<br>FT PIERCE FL 34949 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAFFEE, NANCY E<br>530 EAST FOREST TR<br>FT PIERCE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAMBERT, JIM<br>207 MARINA DR<br>FORT PIERCE FL 34949 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BOB MACVEETY<br>33 VILLA BLANCA<br>FT PIERCE FL 34951-2824 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YANAROS, ANNA<br>PO BOX 1722<br>FORT PIERCE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** John M Edridge (TREASURER) JOHN M EDRIDGE — 7-6-2000 — 561-489-4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #