

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757402

1. Entity Name

FORT PIERCE GOLF ASSOCIATION, INC.

Principal Place of Business

1600 SO THIRD ST
FT PIERCE FL 34950-5170

Mailing Address

1600 SO THIRD ST
FT PIERCE FL 34950-5170

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MOODY, GEORGE
202 SOUTHERN AVENUE
FORT PIERCE FL 34950

4. FEI Number

59-0250538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Aristide Siegel

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

1510 SW Lexington Drive

City

Port St. Lucie

FL

Zip Code

34953

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

Aristide Siegel

Aristide Siegel, President

1-20-00

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

TITLE PD
NAME SIEGEL ARISTIDE,
STREET ADDRESS 1510 SW LEXINGTON DR.
CITY-ST-ZIP FORT PIERCE FL 34953 ☐ Delete

TITLE VD
NAME DICK, KENDALL
STREET ADDRESS 1561 SW HARMONY CRT.
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☒ Delete

TITLE TD
NAME SULLIVAN, JAMES
STREET ADDRESS 11 PADRE LANE
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☒ Delete

TITLE SD
NAME OFENSTEIN, BILLYE
STREET ADDRESS 651 SW VIOLET AVENUE
CITY-ST-ZIP PT. ST. LUCIE FL 34947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD
NAME Raymond Bishop
STREET ADDRESS 4844 River Place
CITY-ST-ZIP Fort Pierce, FL 34982 ☒ Change ☐ Addition

TITLE TD
NAME Neil Terhune
STREET ADDRESS 1699 SE Marianna Road
CITY-ST-ZIP Port St. Lucie, FL 34952 ☒ Change ☐ Addition

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

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

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 *Aristide Siegel* Aristide Siegel

1-20-00

(561) 465-8110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-10037 (9/99)