

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Jan 22, 2001 8:00 am  
Secretary of State**

01-22-2001 90015 027 \*\*\*\*61.25

0088773

**DOCUMENT # 759878**  
1. Entity Name  
**10 - 13 CLUB, TREASURE COAST, INC.**

Principal Place of Business      Mailing Address  
P.O. BOX 85-7854      P.O. BOX 85-7854  
PT ST LUCIE FL 34985-7854      PT ST LUCIE FL 34985-7854  
US      US

101074



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-2155902**      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**OXLEY, WAYNE  
465 SW SUNNYDALE LANE  
PORT ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent  
Name      **ROBERT HOWARD, PRES.**  
Street Address (P.O. Box Number is Not Acceptable)      **10102 SO. OCEAN DRIVE (102)**  
City      **JENSEN BEACH**      FL      Zip Code      **34957**

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      **ROBERT HOWARD, PRES.**      *Robert Howard*      DATE      **1/12/2001**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

~~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	SD	<input type="checkbox"/> Delete
NAME	ANEHOLINO, THOMAS	
STREET ADDRESS	571 NW CORTINA LN.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OXLEY, WAYNE	
STREET ADDRESS	465 SE SUNNYDALE LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEROW, CHARLES	
STREET ADDRESS	1562 SE CLEARBROOK ST	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, ROBERT	
STREET ADDRESS	10102 S OCEAN DR (102)	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HOWARD	
STREET ADDRESS	10102 SO. OCEAN DR (102)	
CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH COLEMAN	
STREET ADDRESS	3362 SE SNOW RD	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL DEPAQUIER	
STREET ADDRESS	164 CAMINO DEL RIO	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **ROBERT HOWARD, PRES.**      *Robert Howard*      DATE      **1/12/2001**      DAYTIME PHONE #      **561-299-8998**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)