

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90043 026 ****61.25

DOCUMENT # 759878

1. Entity Name

10 - 13 CLUB, TREASURE COAST, INC.

Principal Place of Business

Mailing Address

P.O. BOX 85-7854
 PT ST LUCIE FL 34985-7854
 US

P.O. BOX 85-7854
 PT ST LUCIE FL 34985-7854
 US

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

59-2155902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, ROBERT
10102 S OCEAN DR
JENSEN BEACH FL 34957

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: **PD** Delete
 NAME: **HOWARD, ROBERT**
 STREET ADDRESS: **10102 S OCEAN DR 102**
 CITY-ST-ZIP: **JENSEN BEACH FL 34957**

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

TITLE: **TD** Delete
 NAME: **COLEMAN, JOSEPH**
 STREET ADDRESS: **3362 SE SNOW RD**
 CITY-ST-ZIP: **PORT SAINT LUCIE FL 34984**

TITLE: **SD/TD** Change Addition
 NAME: **JOSEPH COLEMAN**
 STREET ADDRESS: **3362 SE SNOW RD**
 CITY-ST-ZIP: **PORT ST. LUCIE, FL. 34984**

TITLE: **VD** Delete
 NAME: **DEPAGNIER, DANIEL**
 STREET ADDRESS: **114 CAMINO DEL RIO**
 CITY-ST-ZIP: **PORT SAINT LUCIE FL 34952**

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

TITLE: **SD** Delete
 NAME: **ANEHOLINO, THOMAS**
 STREET ADDRESS: **571 NW CORTINA LN**
 CITY-ST-ZIP: **PORT SAINT LUCIE FL 34986**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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: **X**

SIGNATURE REQUIRED ROBERT HOWARD 2/5/02 561-229-8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)