

# 2002 UNIFORM BUSINESS REPORT (UBR)

7191

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90377 021 \*\*\*\*61.25

**DOCUMENT # N01000000533**

1. Entity Name

**THE PORT ST. LUCIE EXCHANGE CLUB, INC.**

Principal Place of Business

Mailing Address

7026 TORREY PINES CIR.  
 PORT ST. LUCIE FL 34986

7026 TORREY PINES CIR.  
 PORT ST. LUCIE FL 34986

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

☒ 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

**HANAWALT, SCOTT**  
**7026 TORREY PINES CIR.**  
**PORT ST. LUCIE FL 34986**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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	Ralph Reitz - Pres. <input type="checkbox"/> Delete T 2728 SE Eagle Dr. Port. St. Lucie, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynn Mancini - VP <input type="checkbox"/> Delete T 1498 SE Oakwood Ter. Port St. Lucie, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Emmie Sattler 5824 NW Dunmore Ave. Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Scott Hanawalt 7026 Torrey Pines Cir. Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 recorder 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-3-02

CR2E037 (4/02)