

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000000076

1. Entity Name

CANOE AND KAYAK CLUB OF
STUART-POTSDAM, INC.



FILED

03 NOV -5 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3039 SW Woodland Trail

Suite, Apt. #, etc.

3. Mailing Address
3039 SW Woodland Trail

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm City

City & State
Palm City

4. FEI Number
04-3587759

Applied For
Not Applicable

Zip
34990

Country
USA

Zip
34990

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Harry Schelmety

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

3039 SW Woodland Trail

City Palm City FL 34990

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.

Harry Schelmety, President

SIGNATURE

10-31-03

DATE

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

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Harry Schelmety
3039 SW Woodland Trail
Palm City, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Werner Hilpert
796 SW Woodcreek Drive
Palm City, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Debbie Schelmety
3039 SW Woodland Trail
Palm City, FL 34990

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Harry Schelmety, President

10-31-03 772-286-1352

CR2E037B (12/02)