

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90163 042 \*\*\*\*70.00

**DOCUMENT # N02000001377**

1. Entity Name

**PORT ST. LUCIE PANTHERS, INC.**



Principal Place of Business

**2860 BROCKSMITH ROAD  
FORT PIERCE FL 34945**

Mailing Address

**2860 BROCKSMITH ROAD  
FORT PIERCE FL 34945**

2. Principal Place of Business

**2860 Brocksmith Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. PIERCE FL**

City & State

Zip

Country

**34945 US**

Zip

Country

4. FEI Number

**04-3678130**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOWERS, KELLY  
2860 BROCKSMITH ROAD  
FORT PIERCE FL 34945**

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/14/03**

**FILE NOW: FEE IS \$61.25**

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	President	<input type="checkbox"/> Delete
NAME	Brenda Stokes	
STREET ADDRESS	2486 SW Waikiki St.	
CITY-ST-ZIP	Pt. St. Lucie FL 34953	
TITLE	Sec / Treasure	<input type="checkbox"/> Delete
NAME	Kelly Bowers	
STREET ADDRESS	2860 Brocksmith Rd	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Jensen Tilley	
STREET ADDRESS	1957 SW Gold Lane	
CITY-ST-ZIP	Pt. St. Lucie FL 34953	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Robert Remerson	
STREET ADDRESS	2020 SW Kaslm Terr.	
CITY-ST-ZIP	Pt. St. Lucie FL 34953	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Bruce Ouellette	
STREET ADDRESS	4000 SW Balleto St.	
CITY-ST-ZIP	Pt. St. Lucie FL 34953	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	John Leonard	
STREET ADDRESS	2421 Waikiki Street	
CITY-ST-ZIP	Pt. St. Lucie FL 34953	

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		<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		
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		

CR2E037 (10/02)

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:

**SIGNATURE REQUIRED**

*Sec. 1 Treas 2/14/03 772 4620220*