

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19395

1. Entity Name

EXCHANGE CLUB OF THE SOUTH BREVARD BEACHES, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90062 041 ****61.25

Principal Place of Business P.O. BOX 4059 INDIALANTIC FL 32903	Mailing Address P.O. BOX 4059 INDIALANTIC FL 32903
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2775875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALDWIN, LORI 211 PONKA POAG WAY INDIAN HARBOR BEACH FL 32937	7. Name and Address of New Registered Agent Name Teri Eno Street Address (P.O. Box Number is Not Acceptable) 800 S. Riverside Drive City Indialantic FL Zip Code 32903
---	--

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: *Teri Eno* DATE: 2-19-00

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. <input type="checkbox"/> \$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	VPD OSINIAK, KAREN 5055 DIXIE HWY NE B303 PALM BAY FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Eno, Teri 800 S. Riverside Dr., Indialantic FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POORBAUGH, STEVEN L. 333 NAUTICA CT. INDIAN HARBOR BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Poorbaugh, Steven 333 Nautica Ct., Indian Harbour Bch FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ENOMAXNER, TERRI 505 N. MIRAMAR #303 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hinkley, Elaine 1606 Capistrano Ave. Palm Bay, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTSON, DANA 102 MARTESIA WAY INDIAN HARBOR BCH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Felder, Kerri 4125 Grand Meadows Blvd., Melbourne FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	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 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: *Teri Eno* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)