

1/22/01.

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am
Secretary of State**

01-22-2001 90107 047 ****61.25

DOCUMENT # N19395

1. Entity Name

EXCHANGE CLUB OF THE SOUTH BREVARD BEACHES, INC.

Principal Place of Business

P.O. BOX 4069
INDIALANTIC FL 32903

Mailing Address

P.O. BOX 4069
INDIALANTIC FL 32903

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2775875

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

ENO, TERI**800 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ENO, TERI	
STREET ADDRESS	800 S. RIVERSIDE DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	POORBAUGH, STEVEN L.	
STREET ADDRESS	333 NAUTICA CT	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HINKLEY, ELAINE	
STREET ADDRESS	1608 CAPISTRANO AVE.	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE	SD	<input type="checkbox"/> Delete
NAME	FELDER, KERRI	
STREET ADDRESS	4125 GRAND MEADOW BLVD	
CITY-ST-ZIP	MELBOURNE FL 32937	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAM ROLZ	
STREET ADDRESS	101 LaCosta ST. Apt B8	
CITY-ST-ZIP	Melbourne Beach Fla. 32951	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kyle Militano	
STREET ADDRESS	702 Sea Palm LN	
CITY-ST-ZIP	SATellite Beach Fla 32937	

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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine Hinkley

Date

Daytime Phone #

321-777-5695

CR2037 (10/00)