

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

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90077 009 ****61.25

DOCUMENT # N44253

1. Entity Name

THE HUNDRED CLUB OF ST. LUCIE COUNTY, INC.



Principal Place of Business

**2211 OKEECHOBEE ROAD
FT PIERCE FL 34950-6552**

Mailing Address

**2211 OKEECHOBEE ROAD
FT PIERCE FL 34950-6552**

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 **65-0509672**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, VERNON
2211 OKEECHOBEE RD
FT PIERCE FL 34950-6552**

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, 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
After September 10, 2003, min will be \$236.25**

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	DVP	<input type="checkbox"/> Delete
NAME	BLUESTONE, ROBERT W.	
STREET ADDRESS	100 S. 2ND STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ALLEY, PATRICIA	
STREET ADDRESS	2211 OKEECHOBEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANNAHOWER, WILLIAM R	
STREET ADDRESS	500 BOSTON AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROWLEY, JANE	
STREET ADDRESS	8019 S. FEDERAL HWY	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLER, MICHAEL D.	
STREET ADDRESS	300 S. 6TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOWLES, C.	
STREET ADDRESS	131 S 2ND ST	
CITY-ST-ZIP	FT PIERCE FL	

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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, MICHAEL D	
STREET ADDRESS	311 S. 2nd St	
CITY-ST-ZIP	Ft Pierce, FL 34950	
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: *Patricia Alley*

8/18/03 772 462-4100

CR2E037 (4/03)