

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90150 044 \*\*\*\*61.25

**DOCUMENT # N96000005250**

1. Entity Name

**ST. LUCIE COUNTY CHAPTER OF THE WOMENS COUNCIL OF REALTORS, INC.**

Principal Place of Business

Mailing Address

**4972 S 25TH ST  
 FT. PIERCE FL 34981-5009**

**4972 S 25TH ST  
 FT. PIERCE FL 34981-5009**

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

**65-0816965**

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

**JENSON, DEBBIE  
 1626 SW TAURUS LANE  
 PORT SAINT LUCIE FL 34984**

Name

**Ken Walmach**

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

**513 Sunnybrook Terr**

City

**Port St Lucie**

FL

Zip Code

**34983**

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

*Debbie Jensen*

**6/5/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, TONY	
STREET ADDRESS	2355 SE SEAFURY LN	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	EGLER, SHERI	
STREET ADDRESS	909 MIDWAY RD.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PAPPA, CARMEN	
STREET ADDRESS	1740 ST LUCIE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANSARA, RON	
STREET ADDRESS	2731 SE MORNINGSIDE BLVD.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALMACH, KEN	
STREET ADDRESS	513 SUNNYBROOK TERR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheri Egler	
STREET ADDRESS	909 W Midway Rd	
CITY-ST-ZIP	Fort Pierce FL 34982	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN PAPPA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennie Caudill	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kristilynn Schaubel	
STREET ADDRESS	149 SW Port St Lucie Br.	
CITY-ST-ZIP	Port St Lucie FL 34984	
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:

*Sheri Egler* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/5/02**

Date

**772-467-9098**

Daytime Phone #

CR2E037 (9/01)