

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004184

1. Entity Name

SAILFISH SQUARES INC.

Principal Place of Business

56 AQUA RA DRIVE
JENSEN BEACH FL 34957

Mailing Address

56 AQUA RA DRIVE
JENSEN BEACH FL 34957

2. Principal Place of Business

WOMEN'S CLUB OF STUART

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

729 E. Ocean Blvd

City & State

STUART, FL

Zip

34996

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

COUTURE, CAROLE A
56 AQUA RA DRIVE
JENSEN BEACH FL 34957

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.

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 D ☒ Delete
NAME BRADLEY, PATRICK
STREET ADDRESS 3585 SW SAVAGE ST
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☒ Delete
NAME TALLMEN, MARK
STREET ADDRESS 9272 DUNCAN ST.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Delete
NAME COUTURE, CAROLE
STREET ADDRESS 56 AQUA RA DRIVE
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE T ☒ Delete
NAME SILVERBLATT, MARGIE
STREET ADDRESS 1225 NW 21ST ST APT 714
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE L ☒ Change ☐ Addition
NAME SCHOWN, Lynn
STREET ADDRESS 4316 S.E. Sweetwood Way
CITY-ST-ZIP Stuart, FL, 34997

TITLE ☒ Change ☐ Addition
NAME KLOPP, Clarence
STREET ADDRESS 7083 S.E. Yellowwood Lane
CITY-ST-ZIP Stuart, FL, 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Same as typed on left
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME WARD, Robert
STREET ADDRESS 1800 SE St. Lucie Blvd # 12-101
CITY-ST-ZIP Stuart, FL, 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Lynn Schown *Lynn Schown* 4/12/01 1-561-219-0938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90077 042 ****61.25

950809



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)