

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

3/6

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

03-06-2003 90130 045 *****61.25

DOCUMENT # N98000006290

1. Entity Name

STUART WRESTLING CLUB, INC.



Principal Place of Business

**6332 S.W. BANKS TERR.
PALM CITY FL 34990**

Mailing Address

**6332 S.W. BANKS TERR.
PALM CITY FL 34990**

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 **65-0869194**

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

**PIASECKI, GUY A.
6332 S.W. BANKS TERR.
PALM CITY FL 34990**

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

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 ☒ Delete
NAME **PD PIASECKI, GUY**
STREET ADDRESS **6332 SW BANKS TERR**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Delete
NAME **SD MUNAO, NATE**
STREET ADDRESS **2400 LAKERIDGE DRIVE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Delete
NAME **TD BROWNING, DON**
STREET ADDRESS **1313 SW NAOMI STREET**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Delete
NAME **VD BARILLE, BERNIE**
STREET ADDRESS **421 NORTHWEST DEWBURY DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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 ☒ Change ☐ Addition
NAME **DONALD J. KNABE**
STREET ADDRESS **6601 NANTUCKET CT**
CITY-ST-ZIP **HOBE SOUND, FL 33455** **T PRESIDENT**

TITLE ☒ Change ☒ Addition
NAME **Treasurer Karen Means**
STREET ADDRESS **701 SE Browning Ave.**
CITY-ST-ZIP **Port St. Lucie, FL 34983** **T**

TITLE ☒ Change ☐ Addition
NAME **Secretary Jennifer Guidoni**
STREET ADDRESS **248 SE St Lucie Blvd**
CITY-ST-ZIP **Apt 104 Stuart, FL 34996** **T**

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

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:

SIGNATURE REQUIRED

DONALD J. KNABE 4/12/03

Date

Daytime Phone #

772-546-5470

CR2E037 (10/02)