

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004338

1. Entity Name

TREASURE COAST JUNIOR ROWING ASSOCIATION, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90056 026 \*\*\*\*61.25

Principal Place of Business

6721 HARBOR CIRCLE  
 STUART FL 34996

Mailing Address

6721 HARBOR CIRCLE  
 STUART FL 34996

2. Principal Place of Business

3. Mailing Address

P.O. Box 60

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

Country

34991

Country

USA

4. FEI Number

65-0935604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BRODIE, LAWRENCE P  
 525 CAMDEN AVENUE  
 STUART FL 34994

7. Name and Address of New Registered Agent

Name DENISE K. VELINSKY

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

1955 SW Crane Creek Ave

City

PALM CITY

FL

Zip Code

34990

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

Denise K. Velinsky President

9-10-00

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 13, 2000 min. will be \$236.25

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SING, SUSAN S	
STREET ADDRESS	5 MELACLUCA DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BRODIE, SALLY	
STREET ADDRESS	6721 HARBOR CIRCLE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SDV	<input checked="" type="checkbox"/> Delete
NAME	FOGT, JAN	
STREET ADDRESS	3564 OLD SAINT LUCIE BOULEVARD	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President, Director (DP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENISE VELINSKY	
STREET ADDRESS	1955 SW Crane Creek Ave	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	Treasurer, Director, VP (DT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Powell	
STREET ADDRESS	1199 SW Sundown Ct.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	Secretary, Director (DS)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mona Czarnecki	
STREET ADDRESS	2377 SW Heronwood Rd.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda BOUSKA	
STREET ADDRESS	2665 NE CYPRESS LANE	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Velinsky	
STREET ADDRESS	1955 SW Crane Creek Ave	
CITY-ST-ZIP	PALM CITY, FL 34990	
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:

Denise K. Velinsky

DATE

9-10-00

Daytime Phone #

561 2874868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)