

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058054

1. Entity Name

PORT ST LUCIE YACHT CLUB, INC

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90014 024 ***158.75

Principal Place of Business

Mailing Address

500 PRIMA VISTA BLVD.
PORT ST LUCIE FL 34985

500 PRIMA VISTA BLVD.
PORT ST LUCIE FL 34983

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

59-1312870

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

MONAHAN, JANE W
284 SW ASTER RD.
PORT ST LUCIE FL 34953

Name

EVELYN A PORRETT

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

135 N. NARANJA AVE.

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

Evelyn A. Porrett, Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Commodore John Knudsen 477 SE Seabreeze Lane Port St. Lucie, FL 34983 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Rear Commodore Bill Morris 1713 Pondberry Lane Port St. Lucie, FL 34952 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Commodore Don Ostrander 2512 SE Anchorage Cove Port St. Lucie, FL 34952 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Evelyn Porrett 135 N. Naranja Ave Port St. Lucie, FL 34983 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Ruth Cass 302 Bay Street Port St Lucie, FL 34952 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Fleet Captain Jerry Cerulli 422 S Naranja Ave. Port St. Lucie FL 34983 | <input type="checkbox"/> Delete |

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Membership Saul Schwartz 133 SE Fallon Drive Port St. Lucie FL 34983 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Social Events Fran Weissman 841-Damask Ave Port St. Lucie, FL 34983 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Publicity Gloria Pinzel 7951 SE Paradise Stuart, FL 34997 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ways and Means Lorretta Gomez 3531 SE Hyde Cir Port St Lucie, FL 34984 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Past Commodore Hank Carlsen 560 SE Greenway Terrace Port St. Lucie, FL 34983 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address from another like empowered.

SIGNATURE: Evelyn A. Porrett, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 01 00

Date

5618796727

Daytime Phone #

CR2E034 (9/99)