

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90091 008 ***158.75

DOCUMENT # P99000058054

1. Entity Name

PORT ST LUCIE YACHT CLUB, INC

Principal Place of Business

Mailing Address

**500 PRIMA VISTA BLVD.
PORT ST LUCIE FL 34985**

**500 PRIMA VISTA BLVD.
PORT ST LUCIE FL 34985**

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

**PORRETT, EVELYN A
135 N. NARANJA AVE
PORT SAINT LUCIE FL 34983**

Name

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

135 N. Naranja Ave.

Port St. Lucie, Fl. 34983

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

Evelyn A Porrett, Secretary

2-13-01

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, 2001 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 **C** ☐ Delete
NAME **KNUDSEN, JOHN**
STREET ADDRESS **477 SE SEABREEZE LN**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **Commodore** ☐ Change ☐ Addition
NAME **Don Ostrander**
STREET ADDRESS **2512 SE Anchorage Cove**
CITY-ST-ZIP **Port St. Lucie, Fl 34952**

TITLE **T** ☐ Delete
NAME **CASS, RUTH**
STREET ADDRESS **302 BAY ST**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **Ruth Cass**
STREET ADDRESS **302 Bay Street**
CITY-ST-ZIP **Port St. Lucie, Fl 34952**

TITLE **M** ☐ Delete
NAME **SCHWARTZ, SAUL**
STREET ADDRESS **133 SE FALLON DR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **Membership** ☐ Change ☐ Addition
NAME **JANE RAUSCHER**
STREET ADDRESS **1144 SW HUTCHINS ST**
CITY-ST-ZIP **34983**

TITLE **PC** ☐ Delete
NAME **CARLSEN, HANK**
STREET ADDRESS **560 SE GREENWAY TERR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **Past Commander** ☐ Change ☐ Addition
NAME **John Knudsen**
STREET ADDRESS **477 SE Seabreeze Ln.**
CITY-ST-ZIP **Port St. Lucie, Fl 34983**

TITLE **VC** ☐ Delete
NAME **OSTRANDER, DON**
STREET ADDRESS **2512 SE ANCHORAGE COVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **Vice Commodore** ☐ Change ☐ Addition
NAME **Bill Morris**
STREET ADDRESS **1713 Pondberry Lane**
CITY-ST-ZIP **Port St. Lucie, Fl 34983**

TITLE **RC** ☐ Delete
NAME **MORRIS, BILL**
STREET ADDRESS **1713 PONDBERRY LN**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **Rear Commodore** ☐ Change ☐ Addition
NAME **Saul Schwartz**
STREET ADDRESS **133 SE Fallon Drive**
CITY-ST-ZIP **Port St. Lucie, Fl 34983**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn Porrett, Secretary

Date

Daytime Phone #

2-13-01

CR2E034 (10/00)