

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90363 038 ***158.75

DOCUMENT # P99000058054

1. Entity Name

PORT ST LUCIE YACHT CLUB, INC

Principal Place of Business

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

Mailing Address

**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

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

7. Name and Address of New Registered Agent

Name **CHRISTINE SCHWARTZ**

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

133 SE FALLON DR.

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 **CHRISTINE SCHWARTZ**

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, 2002 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

TITLE	C	<input type="checkbox"/> Delete
NAME	OSTRANDER, DON	
STREET ADDRESS	2512 SE ANCHORAGE COVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASS, RUTH	
STREET ADDRESS	302 BAY ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	M	<input type="checkbox"/> Delete
NAME	RAUSCHER, JANE	
STREET ADDRESS	1144 SW HUTCHINS ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	KNUDSEN, JOHN	
STREET ADDRESS	477 SE SEABREEZE LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MORRIS, BILL	
STREET ADDRESS	1713 PONDBERRY LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	RC	<input type="checkbox"/> Delete
NAME	SCHWARTZ, SAUL	
STREET ADDRESS	133 SE FALLON DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON OSTRANDER	
STREET ADDRESS	2512 SE ANCHORAGE COVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASS, RUTH	
STREET ADDRESS	302 BAY ST.	
CITY-ST-ZIP	Port St Lucie, FL 34952	
TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUSCHER, JANE	
STREET ADDRESS	1144 SW HUTCHINGS ST	
CITY-ST-ZIP	Port St Lucie, FL 34983	
TITLE	RC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISSMAN, HAL	
STREET ADDRESS	841 DAMASK AVE	
CITY-ST-ZIP	Port St Lucie, FL 34983	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, BILL	
STREET ADDRESS	1713 PONDERRY LN	
CITY-ST-ZIP	Port St Lucie, FL 34952	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, SAUL	
STREET ADDRESS	133 SE FALLON DR	
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE **CHRISTINE SCHWARTZ**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772 / 879 - 4555

0630682

FD

CR2E034 (9/01)