## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 730757**

1. Entity Name

MARTIN-ST. LUCIE CHAPTER OF S.P.E.B.S.Q.S.A.. IN



FILED

Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90375 021 \*\*\*\*61.25

Principal Place of Business Mailing Address 1904 N.E. AVENIDA DRAÇAENA 1904 N.E. AVENIDA DRACAENA JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address HID CIVIC CENTER Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 1225 NE DIDIE HW City & State 4. FEI Number 65-0437461 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered:Agent: Name and Address of New Registered Agent Name VAN ALLEN, STEPHEN E. Street Address (P.O. Box Number is Not Acceptable) 1701 SE BALMORAL CT PORT SAINT LUCIE FL 34952-4136 Zip Code City 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. The SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D/P Addition TITLE □ Delete TITLE Change ARNOLD FELTMAN SCHOENER, GEORGE NAME NAME 400 N. A-1-A, # 20 STREET ADDRESS 1904 N.E. AVENIDA DRACAENA STREET ADDRESS JUPITER, FL 334TT CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change JOE MARINO ... NAME PIZZO, SAM NAME 9900 S, OCEAH DR 1225 NW 21ST ST, #3410 STREET ADDRESS STREET ADDRESS JENSEN BENNI FC34959. CITY-ST-ZIP ~ 3 CITY-ST-7IP STUART FL 34994-9356 **Addition** ☐ Change TITLE □ Delete TITLE FRAHK VALENTI van allen, stephan NAME NAME 1474 HIN COCONOT LA STREET ADDRESS 1701 SW BALMORAL CT STREET ADDRESS CITY-ST-ZIP STUARET FL 34994 CITY-ST-ZIE PORT ST LUCIE FL 34952-4136 Ωelete TITLE **∠**Addition TITLE Change YOUNGER, TERRY NAME NOBLE CORRELL NAME PSL 221SE TRESSUER DR STREET ADDRESS STREET ADDRESS PORT ST WCIER 34953 CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE CLEMENS KRAMER ECKHARDT, PAUL NAME NAME 2702 ATCANTICAVE STREET ADDRESS STREET ADDRESS 2349 SE DELANO RD FY PIERCE FL 34947 CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34952-5557 TITLE ☐ Delete TITLE Change ■ Addition CASEY, EDWARD NAME NAME 6 WESTER BEUREAU LW. STREET ADDRESS STREET ADDRESS Precharge CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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:** 

JIRIGEORGE SCHOENER 01/23/2003 772-232-1192