2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735916

1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90122 033 ****61.25

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SAUP, GEBHARD 513 NW, GALAFONE COURT PORT ST. LUCIE FL 34986 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. PORT ST. LUCIE FL 34986 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Addres	Zip	· Country	Zip	Country		5. Certificate of St	atus Desired		Additional	
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SAUP, GEBHARD 513 NW. GALAFONE COURT PORT ST. LUCIE FL 34986 Sireer Address (P.O. Box Number is Not Acceptable) Sireer Address (P.O. Box Number is Not Acceptable) Signature. Sprage or printed name of registered agent and site of applicable FILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$61.25 PORT ST. LUCIE FL 34982 ITILE NAME SIREET ADDRESS CITY-ST-2P PORT ST. LUCIE FL 34982 CITY-ST-2P TITLE VP STEPHAN, ERNIE STREET ADDRESS CITY-ST-2P TITLE TITLE	~; ~	en e		Nam	ie		-	-		
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CITY-ST-ZIP PORT ST. LUCIE FL 34953 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 stated in Section 119.07(3)(ii), Florida Statutes.										

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:

ESTATED Gebhard Saup 1-9-03 SIGNA // OVE