

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90049 048 ****61.25

DOCUMENT # 744753

1. Entity Name

LONGSHOREMEN OF ST. LUCIE COUNTY, INC.

Principal Place of Business

**503 N. 7TH STREET
 FORT PIERCE FL 34950-8229**

Mailing Address

**503 N. 7TH STREET
 FORT PIERCE FL 34950-8229**

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

59-2004503

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GUYTON, COSTELLO
 503 NORTH SEVENTH ST.
 FT. PIERCE FL 34950**

7. Name and Address of New Registered Agent

Name

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

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUYTON, COSTELLO	
STREET ADDRESS	503 NORTH SEVENTH ST.	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMMON, JONATHAN	
STREET ADDRESS	503 NORTH 7TH ST	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAWSEY, GEORGE	
STREET ADDRESS	503 NORTH 7TH ST	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALCOTT, CHARLES	
STREET ADDRESS	503 NORTH SEVENTH ST.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD Jackson, Kevin	
STREET ADDRESS	503 North 7th Street	
CITY-ST-ZIP	Fort Pierce, Florida 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/26/01**

Daytime Phone # **81 464-6522**

CR2E037 (10/00)