

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90392 020 \*\*\*\*61.25

**DOCUMENT # N00000000867**

1. Entity Name

**RIO CIVIC CLUB, INC.**

Principal Place of Business

1255 N.E. DIXIE HWY  
 RIO, JENSEN BEACH FL 34957

Mailing Address

1255 N.E. DIXIE HWY  
 RIO, JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 1001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**JENSEN BEACH, FL**

City & State

City & State

4. FEI Number

**65-1052162**

Applied For

Not Applicable

Zip

Country

Zip

**34958**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PREAST, JULIE**  
**538 N.E. ALICE STREET**  
**RIO, JENSEN BEACH FL 34957**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARR, GARY</b>	
STREET ADDRESS	<b>1105 N.E. DIXIE HWY</b>	
CITY-ST-ZIP	<b>RIO, JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUMBLE, JOHN</b>	
STREET ADDRESS	<b>1419 N.E. HAVEN LANE</b>	
CITY-ST-ZIP	<b>RIO, JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LYNCH, NANCY-</b>	
STREET ADDRESS	<b>1375 N.E. DIXIE HWY</b>	
CITY-ST-ZIP	<b>RIO, JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PREAST, JULIE</b>	
STREET ADDRESS	<b>538 N.E. ALICE STREET</b>	
CITY-ST-ZIP	<b>RIO, JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VLACHOS, BARBARA</b>	
STREET ADDRESS	<b>1117 N.E. KUBIN AVE.</b>	
CITY-ST-ZIP	<b>RIO, JENSEN BEACH FL 34957</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULIE PREAST</b>	
STREET ADDRESS	<b>538 NE ALICE STREET</b>	
CITY-ST-ZIP	<b>RIO, JENSEN BEACH, FL 34957</b>	
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN HUMBLE</b>	
STREET ADDRESS	<b>3307 NE HOLLY CREEK DR.</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBARA VLACHOS</b>	
STREET ADDRESS	<b>1117 NE KUBIN AVENUE</b>	
CITY-ST-ZIP	<b>RIO, JENSEN BEACH, FL 34957</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELLIE EGGERT</b>	
STREET ADDRESS	<b>550 NE ALICE STREET</b>	
CITY-ST-ZIP	<b>RIO, JENSEN BEACH, FL 34957</b>	

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: Julie Preast, President **JULIE PREAST** 4/20/01 561-334-3187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)



DO NOT WRITE IN THIS SPACE

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