

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90051 049 \*\*\*\*70.00

**DOCUMENT # N50978**

1. Entity Name

**THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.**

Principal Place of Business

Mailing Address

P.O. BOX 78-0686  
 SEBASTIAN FL 32978

P.O. BOX 78-0686  
 SEBASTIAN FL 32978-0686

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3146002**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONWAY, ROBERT  
 344 SEASIDE TERRACE  
 SEBASTIAN FL 32958

Name **GAYLE C. SEIFERT**

Street Address (P.O. Box Number is Not Acceptable)  
**75 JOY HAVEN DRIVE**

City **SEBASTIAN** FL Zip Code **32958**

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 *Gayle C. Seifert*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**GAYLE C. SEIFERT PRESIDENT**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **SEIFERT, GAYLE C**  
 STREET ADDRESS **75 JOY HAVEN DR**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **DIRECTOR**  Change  Addition  
 NAME **ELLA C. BUCKMAN**  
 STREET ADDRESS **6245 81 ST.**  
 CITY-ST-ZIP **VERO BEACH, FLA. 32967**

TITLE **TD**  Delete  
 NAME **RAMIE JAMES A**  
 STREET ADDRESS **314 E DOLPHIN CIRCLE**  
 CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE **DIRECTOR**  Change  Addition  
 NAME **RICHARD PAGE**  
 STREET ADDRESS **498 SEAGRASS AVE.**  
 CITY-ST-ZIP **SEBASTIAN, FLA. 32958**

TITLE **S**  Delete  
 NAME **TRUESDALE, CAROLYN**  
 STREET ADDRESS **856 MULBERRY ST**  
 CITY-ST-ZIP **SEBASTIAN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **CONWAY, ROBERT**  
 STREET ADDRESS **344 SEASIDE TERRACE**  
 CITY-ST-ZIP **SEBASTIAN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **TANNEHILL, BARBARA**  
 STREET ADDRESS **717 AMARYLLIS DRIVE**  
 CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *James H. Ramie* **JAMES H. RAMIE, TREASURER** 561-664-3053  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E037 (9/99)