

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90359 037 ****61.25

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1. Entity Name

FORT PIERCE MULTILATERAL CULTURE CENTER, INC.



Principal Place of Business

**33 VIRGINIA BLVD
FT PIERCE FL 34947**

Mailing Address

**33 VIRGINIA BLVD
FT PIERCE FL 34947**

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 **65-1055245**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GAYMAN, JEROME Z
33 VIRGINIA BLVD
FT PIERCE FL 34947**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GAYMAN, JEROME Z	
STREET ADDRESS	33 VIRGINIA BLVD	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	BB	<input type="checkbox"/> Delete
NAME	MINTON, BILL	
STREET ADDRESS	6101 SOUTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENNETT, MARY	
STREET ADDRESS	2101 VALENCIA AVENUE	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PINO, VERONICA	
STREET ADDRESS	1425 SW ROBYS WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARNES, BETTY J	
STREET ADDRESS	1711 N 25TH STREET, SUITE D	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Peggy Harris, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2707 Ave. "I" Fort Pierce, FL	
STREET ADDRESS	34947	
CITY-ST-ZIP		
TITLE	Gail Seales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2306 St. Lucia Blvd	
STREET ADDRESS	Fort Pierce, FL 34946	
CITY-ST-ZIP		
TITLE	Mrs. Mary Butler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1618 Ave. Q	
STREET ADDRESS	Fort Pierce, FL 34950	
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

Daytime Phone #

7/11/03 770-489-8538

CR2E037 (4/03)