

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715532

1. Entity Name

ST. LUCIE COUNTY SHRINE CLUB HOLDING CORPORATION

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90125 049 ****61.25

Principal Place of Business

4600 GLEANDER AVENUE
 FORT PIERCE FL 34982
 US

Mailing Address

PO BOX 851
 FT. PIERCE FL 34954
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7536507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALGIN, ALEC
 1721 A MARINERS COVE
 FT. PIERCE FL 34950

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

After September 13, 2000 min. will be \$236.25

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 MAIN, HOWARD
 STREET ADDRESS 61 SUNSHINE AVENUE
 CITY-ST-ZIP FORT PIERCE FL 34482

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P ☒ Delete
 NAME ALGIN, ALEC
 STREET ADDRESS 1721 A MARINERS COVE
 CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME CARLO SPAGNOLLA
 STREET ADDRESS 1506 9th Street
 CITY-ST-ZIP Ft. Pierce FL 34949

TITLE S ☒ Delete
 NAME HOWE, LARRY
 STREET ADDRESS 1008 CHARLOTTA ST
 CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition
 NAME Leo Master
 STREET ADDRESS 1910 Okeechobee Rd.
 CITY-ST-ZIP Ft. Pierce 34950

TITLE D ☐ Delete
 NAME FARESCH, RICHARD D
 STREET ADDRESS 114 CAMINO DEL RIO
 CITY-ST-ZIP FORT SAINT LUCIE FL 34969-2875

TITLE ☐ Change ☐ Addition
 NAME Richard D. Faresch
 STREET ADDRESS 1537-Belvue
 CITY-ST-ZIP Fort St. Lucie 34952

TITLE D ☐ Delete
 NAME CARTER, GEORGE
 STREET ADDRESS 6607 DE LEON AVENUE
 CITY-ST-ZIP FORT PIERCE FL 34951

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

George B. Wilson - TREAS 7/24/00