2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # 715532 1. Entity Name ST. LUCIE COUNTY SHRINE CLUB HOLDING CORPORATION 01-23-2001 90091 026 ****61.25 Principal Place of Business Mailing Address PO BOX 851 4600 GLEANDER AVENUE FT. PIERCE FL 34954 \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U} FORT PIERCE FL 34982 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7536507 Not Applicable Zip ___ \$8.75 Additional -__Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALGIN. ALEC 1721 A MARINERS COVE FT. PIERCE FL 34950 Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PRESIDENT Addition Delete TITLE TITEE DOMINIC ZULLO 1208B SOLLAKES END DR FT. PIERCE, 19 34981 Change NAME NAME MAIN, HOWARD STREET ADDRESS STREET ADDRESS 61 SUNSHINE AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34482 TITLE ☐ Delete TITLE SPAQNOLLA, CARLO NAME NAME STREET ADDRESS 1506 GABER CT STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP FORT PIERCE FL 34949 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NASTER, LES NAME STREET ADDRESS STREET ADDRESS 1910 OKEACHOBEE RD CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Change ☐ Addition ☐ Delete TITLE GAUSCH, RICHARD D NAME NAME STREET ADDRESS STREET ADDRESS 1537 BELGIUS CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34952 Richard Sheets Change Addition Delete TITLE TITLE DIRECTUA 607 RIBAVT ROAD CARTER, GEORGE NAME NAME STREET ADDRESS 6607 DE LEON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34951 Fr. PIERCE, FIA 3494 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empor