

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90126 009 ****61.25

DOCUMENT # 715532

1. Entity Name

ST. LUCIE COUNTY SHRINE CLUB HOLDING CORPORATION

Principal Place of Business

Mailing Address

4600 GLEANDER AVENUE
 FORT PIERCE FL 34982
 US

PO BOX 851
 FT. PIERCE FL 34954
 US

2. Principal Place of Business

4600 GLEANDER AVENUE

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

SIGNATURE

Alec A. Algin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 ☐ Delete
 NAME **D SPAQNOLLA, CARLO**
 STREET ADDRESS **1506 GABER CT**
 CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE ☒ Change ☐ Addition
 NAME **D SPAQNOLLA, CARLO**
 STREET ADDRESS *Carlo Spagnolla*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S NASTER, LES**
 STREET ADDRESS **1910 OKEACHOBEE RD**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☒ Change ☐ Addition
 NAME **S NASTER, LES**
 STREET ADDRESS *Leo A Naster*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GAUSCH, RICHARD D**
 STREET ADDRESS **1537 BELGIUS**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☒ Change ☐ Addition
 NAME **D GAUSCH, RICHARD**
 STREET ADDRESS **114 CAMINO DEL RIO**
 CITY-ST-ZIP *Richard D Gausch*

TITLE ☐ Delete
 NAME **D SHEETS, RICHARD**
 STREET ADDRESS **607 RIBAUT RD**
 CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE ☐ Change ☐ Addition
 NAME **D SHEETS, RICHARD**
 STREET ADDRESS *Richard Sheets*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P DOMINIC, ZVILLO**
 STREET ADDRESS **1308B SO LAKES END DR**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☒ Change ☐ Addition
 NAME **D DOMINIC, ZULLO**
 STREET ADDRESS **1308B SOUTH LAKES END DRIVE**
 CITY-ST-ZIP *Dominic Zullo*

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:

Richard D Gausch

CR2E037 (4/02)