

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733716

1. Entity Name

LINCOLN PARK RECREATION CENTER, INCORPORATED OF
FORT PIERCE-SAINT LUCIE COUNTY

Principal Place of Business

Mailing Address

COMMUNITY CENTER
1306 AVNEUE "M"
FORT PIERCE FL 34950

2601 AVENUE "I"
FORT PIERCE FL 34947 - 5978

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

65-0285006

Applied For

Not Applicable

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

FENN, HAVER L
2601 AVENUE "I"
FORT PIERCE FL 34947

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

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 PD
NAME GRISBY, HORATIO, JR.
STREET ADDRESS 1306 AVE. "O"
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

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

TITLE TD
NAME BENNETT, LEROY, JR.
STREET ADDRESS 2101 VALENCIA AVE.
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

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

TITLE SD
NAME FENN, HAVER L.
STREET ADDRESS 2601 AVE. "I"
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE: *Haver L. Fenn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-02

(772)
461-7336

Date

Daytime Phone #

0000351

CR2E037 (9/01)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90067 050 ****61.25



DO NOT WRITE IN THIS SPACE