

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744753

1. Entity Name

LONGSHOREMEN OF ST. LUCIE COUNTY, INC.

Principal Place of Business

503 N. 7TH STREET
FORT PIERCE FL 34950-8229

Mailing Address

503 N. 7TH STREET
FORT PIERCE FL 34950-8229

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

59-2004503

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

GUYTON, COSTELLO
503 NORTH SEVENTH ST.
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

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 GUYTON, COSTELLO
STREET ADDRESS 503 NORTH SEVENTH ST.
CITY-ST-ZIP FT PIERCE, FL 00000 ☒ Delete

TITLE PD
NAME Jackson, Kevin
STREET ADDRESS 503 North 7th Street
CITY-ST-ZIP Fort Pierce, Florida 34950 ☐ Change ☒ Addition

TITLE VD
NAME SIMMON, JONATHAN
STREET ADDRESS 503 NORTH 7TH ST
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Delete

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

TITLE SD
NAME DAWSEY, GEORGE
STREET ADDRESS 503 NORTH 7TH ST
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Delete

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

TITLE T
NAME WALCOTT, CHARLES
STREET ADDRESS 503 NORTH SEVENTH ST.
CITY-ST-ZIP FT PIERCE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

01/26/01 21
461-6522



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)