2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATUR GREATUREZO PRINTED VAME OF SIGNING OFFICER OR DISPECTOR

FILED Apr 17, 2002 8:00 am Secretary of State DOCUMENT # N0000001196 1. Entity Name CITIZENS FOR RIVER WALK OF PORT ST. LUCIE, INC. l-17-2002 90100 045 ****61 Principal Place of Business Mailing Address 1756 FAIRFIELD ST 1756 FAIRFIELD ST PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 3. Mailing Address 2. Principal Place of Business PORT ST LUCIE 1756 S.E. FAIRFIELD ST DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PORT ST LUCIE FLA NOT APPLICABLE roet st lucie Not Applicable Country U \$ A Country **\$8.75** Additional 5. Certificate of Status Desired 34983 LUCIE USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSEPH Street Address (P.O. Box Number is Not Acceptable) ZOBAY, JOSEPH L 1758 FAIRFIELD ST 1756 SE FAIRFIELD ST **PORT SAINT LUCIE FL 34983** CIPOET ST LUCIE 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 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. GORGE MICKLOW PRESIDENT 88 SE SWEET BOY Are FOUT I LUGE FL 3483 Change ☐ Delete TITLE . TITLE ZOBAY, JOSEPH L NAME NAME STREET ADDRESS STREET ADDRESS 1756 FAIRFIELD ST CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 VICTOR E. VALE ☐ Delete TITLE FERRARA, MICHAEL NAME NAME 7100 S.E. PRUITT RD.-F-305 1491 ASHVILLE CT STREET ADDRESS STREET ADDRESS POHT ST. LUCIE, FL. JUST CITY-ST-ZIP CITY-ST-ZIP Port St Lucie FL 34952 ⇒ Delete TITLE TITLE BAILEY, EDWARD A NAME NAME STREET ADDRESS 142 W CARIBBEAN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Port st lucie FL 34952 ☐ Addition ☐ Delete D TITLE Change TITLE LILLO, FRANK NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 8315 CITY-ST-ZIP CITY-ST-7IP Por St Lucie FL 34985 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME lang, Duane STREET ADDRESS STREET ADDRESS 1437 SE COLCHESTER CIR CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ Delete TITLE Change ☐ Addition COOK, FREDERICK NAME STREET ADDRESS 1552 SE LADNER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 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