

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 007 ****61.25

DOCUMENT # **NO1000003068** ✓

1. Entity Name

**THE LINCOLN PARK BUSINESS
ASSOC., INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1220 AVE. D

Suite, Apt. #, etc.

3. Mailing Address

2001 N. 46TH ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE FL.

City & State

FT. PIERCE, FL

4. FEI Number

65-1086262

Applied For

Not Applicable

Zip

Country

Zip

Country

34950

US

34947

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES E. CHAMBERS, JR.

Street Address (P.O. Box Number is Not Acceptable)

2001 N. 46TH ST.

City

FT. PIERCE

FL

Zip Code

34947

**DO NOT WRITE
IN THIS SPACE**

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

5-1-02

FEE IS \$61.25

Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JAMES E. CHAMBERS, JR. 2001 N. 46TH ST. FT. PIERCE, FL 34947	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV STEVE MCCOY 1220 AVE. D FT. PIERCE, FL 34950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT REGGAN ELLIS 1220 AVE. D FT. PIERCE, FL 34950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SHARON WOODS 1220 AVE. D FT. PIERCE, FL 34950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: