

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003068

1. Entity Name
LINCOLN PARK BUSINESS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 21 PM 4:37

Principal Place of Business
1220 AVE. D
FORT PIERCE, FL 34950

Mailing Address
2001 N. 46TH ST
JENSEN BEACH, FL 34957 US

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

65-1086262

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

CHAMBERS, JAMES E JR.
2001 N. 46TH ST
FORT PIERCE, FL 34947

Name

Steven McCroey

Street

Box Number Not Applicable
B33 1419 Ave #218

City

Vero Beach

FL

Zip Code
32960

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

Signature required for principal place of business and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

3-21-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME CHAMBERS, JAMES E JR.
STREET ADDRESS P.O. BOX 2373
CITY-ST-ZIP FT. PIERCE, FL 349542373 ☒ Delete

TITLE P
NAME P Steven McCroey
STREET ADDRESS P.O. BOX 13027
CITY-ST-ZIP Fort Pierce FL 34947 ☐ Change ☒ Addition

TITLE DV
NAME MCCROEY, STEVE
STREET ADDRESS 1220 AVE
CITY-ST-ZIP FORT PIERCE, FL 34950 ☒ Delete

TITLE DVP
NAME NP Sharon Woods
STREET ADDRESS 1220 Ave D
CITY-ST-ZIP Fort Pierce FL 34947 ☐ Change ☒ Addition

TITLE DT
NAME ELLIS, REGGAN
STREET ADDRESS 1220 AVE D
CITY-ST-ZIP FORT PIERCE, FL 34950 ☐ Delete

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

TITLE DS
NAME WOODS, SHARON
STREET ADDRESS 1320 AVE D
CITY-ST-ZIP FORT PIERCE, FL 34950 ☒ Delete

TITLE DS
NAME IS ICEYN McLean
STREET ADDRESS 96 FIDELITY WAY
CITY-ST-ZIP SEASIDE FL 32958 ☐ 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:

Steven McCroey President 3-21-03 (772) 519-1106

CR2E037 (10/02)