## 2003 NOT-FOR-PROFIT CORPORATION

## May 05, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0200009867 05-05-2003 90101 018 \*\*\*\*61.25 LINCOLN PARK ACADEMY SAILING, INC. Principal Place of Business Mailing Address POST OFFICE BOX 3309 POST OFFICE BOX 3309 FORT PIERCE FL 34950 FORT PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-1169862 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATTORNEY GEORGE MULLER .P.A. Street Address (P.O. Box Number is Not Acceptable) 2502 ACORN STREET FORT PIERCE FL 34947 Čitv Zin 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Change Tom Shriners 124/7 S. Indian R.DR STREET ADDRESS STREET ADDRESS JENSEN BCH CITY-ST-ZIP CITY-ST-ZIP David Vauchan TITLE Change - 🔲 Addition 480 River Prado DR. Ft. Pierce STREET ADDRESS STREET ADDRESS ST Lucie Village FL 34946 CITY-ST-ZIP CITY-ST-ZIP Walker TITLE TITLE ☐ Change ☐ Addition NAME NAME 5315 STREET ADDRESS STREET ADDRESS 34982 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNA

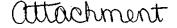
Delete

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Change

☐ Addition

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## **Division of Corporations**

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