

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08139

1. Entity Name

LIONS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

FILED

Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90037 049 ****61.25

009774

Principal Place of Business

PO BOX 85-7126
PORT SAINT LUCIE FL 34985
US

Mailing Address

PO BOX 85-7126
PORT SAINT LUCIE FL 34985
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0153017

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HULL, JACKIE
610 MARION AVE
PORT SAINT LUCIE FL 34983

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 VP
NAME HULL, JACKIE
STREET ADDRESS 610 MARION AVE
CITY-ST-ZIP PORT ST LUCIE FL 34983
☐ Delete

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

TITLE VPD
NAME HOWARD, LUCILLE
STREET ADDRESS 497 SW HOMELAND RD
CITY-ST-ZIP PORT SAINT LUCIE FL 34983
☐ Delete

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

TITLE TD
NAME HOLLINS, CARL
STREET ADDRESS 1792 SW COCHRAN AVE
CITY-ST-ZIP PORT ST LUCIE FL
☐ Delete

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

TITLE SD
NAME REINHART, HELEN
STREET ADDRESS 1401 SE CAMBRIDGE DR.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952
☒ Delete

TITLE SD
NAME Shirl Morin
STREET ADDRESS 501 SW Dwight Ave
CITY-ST-ZIP Port St Lucie, FL 34983
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE VPD
NAME Harriet Friedstein
STREET ADDRESS 2017 SE Killmallee Ct.
CITY-ST-ZIP Port St Lucie, FL 34952
☐ 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:

CARL HOLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

2/26/02

(772) 879-9676

Date

Daytime Phone #

CR2E037 (9/01)