2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **DOCUMENT # N23202 Secretary of State** FRIENDS OF THE LYRIC, INC. 02-11-2002 90115 049 ****61.25 Principal Place of Business Mailing Address 59 FLAGLER AVE 59 FLAGLER AVE STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0016846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LOESSER, JOHN 59 SW FLAGLER AVE STUART FL 34994 City 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 (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. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURSON, ROBERT NAME NAME STREET ADDRESS 1569 SE PITCHER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34952 PED Delete ☐ Change ☐ Addition TITLE TITLE HUNDT, PAULA NAME NAME STREET ADDRESS 900 S. FEDERAL HWY STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP **VPD** TITLE Delete -TITI F . 🔲 Change 🛄 Addition . ROBERTS, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 132 43RD STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 PD ☐ Delete TITLE ☐ Change ☐ Addition TITLE

STUART FL 34996 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 attachme ith an address, with all other like empowered.

NAME

TITLE

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BELIZAR, DENISE

PORT ST LUCIE FL

55 E. OSCEOLA ST

STUART FL 34996

175 SE ST. LUCIE BLVD. D-2

cain, Jerry

FINE, HELEN

CSD

1268 SE NAPLES LANE

561-286-1616

☐ Change

☐ Change

Addition

☐ Addition

Daytime Phone #