

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90114 032 ****61.25

DOCUMENT # N23202

1. Entity Name

FRIENDS OF THE LYRIC, INC.



Principal Place of Business

**59 FLAGLER AVE
STUART FL 34994**

Mailing Address

**59 FLAGLER AVE
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0016846**

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

LOESSER, JOHN

**59 SW FLAGLER AVE
STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

EXECUTIVE DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

1/8/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BURSON, ROBERT**
STREET ADDRESS **1569 SE PITCHER RD**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

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

TITLE **PED** ☐ Delete
NAME **HUNDT, PAULA**
STREET ADDRESS **900 S. FEDERAL HWY**
CITY-ST-ZIP **STUART FL 34994**

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

TITLE **VPD** ☐ Delete
NAME **ROBERTS, MICHAEL**
STREET ADDRESS **132 43RD STREET**
CITY-ST-ZIP **VERO BEACH FL 32968**

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

TITLE **PD** ☐ Delete
NAME **BELIZAR, DENISE**
STREET ADDRESS **1268 SE NAPLES LANE**
CITY-ST-ZIP **PORT ST LUCIE FL**

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

TITLE **T** ☐ Delete
NAME **CAIN, JERRY**
STREET ADDRESS **55 E. OSCEOLA ST**
CITY-ST-ZIP **STUART FL 34996**

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

TITLE **CSD** ☒ Delete
NAME **FINE, HELEN**
STREET ADDRESS **175 SE ST. LUCIE BLVD. D-2**
CITY-ST-ZIP **STUART FL 34996**

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

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:

Wanda H. B. Board Pres **1/15/2003 772-215-3476**

CR2E037 (10/02)