

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33422

1. Entity Name

NORTH INDIAN RIVER COUNTY REPUBLICAN CLUB, INC.

Principal Place of Business

10729 U.S. 1
SEBASTIAN FL 32958

Mailing Address

P.O. BOX 780068
1069 MAIN ST
SEBASTIAN FL 32978-0068

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

59-2216636

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

LULICH, STEVEN ESQUIRE
1069 MAIN STREET
SEBASTIAN FL FL 32958

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 PD
NAME FISCHER, HENRY ANTHONY
STREET ADDRESS 10729 U.S. HIGHWAY 1
CITY-ST-ZIP SEBASTAIN FL ☐ Delete

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

TITLE SD
NAME FISCHER, BETSY
STREET ADDRESS 10729 U.S. HIGHWAY 1
CITY-ST-ZIP SEBASTAIN FL ☐ Delete

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

TITLE TD
NAME LOUGHLIN, CAM
STREET ADDRESS 419 SW QUARRY LANE
CITY-ST-ZIP SEBASTIAN FL ☐ Delete

TITLE
NAME ED Bowers, Cam
STREET ADDRESS 6165 N. MIRROR LK DR
CITY-ST-ZIP SEBASTIAN, FL 32958 ☒ Change ☐ Addition

TITLE VD
NAME BALLOUGH, MARY ELLEN
STREET ADDRESS 957 FRANSISCAM
CITY-ST-ZIP SEBASTIAN FL ☐ 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

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:

Betsy Fischer REQUIRED SECRETARY

5/15/02

772-589-5347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071022

CR2E037 (9/01)