

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37268

1. Entity Name

SEBASTIAN INLET EAGLES LADIES AUXILIARY 4067, IN

FILED

00 NOV -9 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11632 U.S. #1
SEBASTIAN FL 32958
US

Mailing Address

11632 U.S. #1
SEBASTIAN FL 32958
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 780602

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SEBASTIAN FL

4. FEI Number

59-2911237

Applied For

Not Applicable

Zip

Country

Zip
32978

Country
INDIAN RIVER

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

BIGGERS, KATHY
8816 103 AVENUE
VERO BEACH FL 58963

Name

VICTORIA WELLES

Street Address (P.O. Box Number is Not Acceptable)

13025 80th Ct.

City

SEBASTIAN, FL.

FL

Zip Code

32958

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

Victoria E. Welles

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

(NOTE: Registered Agent signature required when reinstating)

10/26/00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
HOFFMAN, DEBORA
13015 OLD DIXIE HWY
SEBASTIAN FL 32958 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRUSTEE
LINDA JONES
1234 BARBER ST.
SEBASTIAN, FL 32958 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANZ, PEGGY
9365 87TH AVE
VERO BEACH FL 32967 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRUSTEE
NANCY MURRAY
961 SCHUMANN DR.
SEBASTIAN, FL 32958 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOOTH, MADELINE
291 CHRISTMAS AVE. S.E.
PALM BAY FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRUSTEE
HELEN HALL
6160 98th RD
SEBASTIAN, FL 32958 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BOOTHE, ELSIE
291 CHRISTMAS AVENUE S.E.
PALM BAY FL 32909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ELSIE KLEMP
291 CHRISTMAS AV SE
PALM BAY, FL 32909 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BIGGERS, KATHY
8816 103 AVENUE
VERO BEACH FL 58963 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
VICTORIA WELLES
100003483631--1
-12/01/00--01084--013 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BRUSSEL, DARLENE
7615 131 ST.
SEBASTIAN FL 32958 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME ☒ 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00

Date

561-589-6573

Daytime Phone #

CR2E037 (5/00)

N37260

2

Please Accept my late Check
I'm Very sorry for my Neglect
Due to the illness & Death
of my Mother I've Overlooked
Some of my responsibilities.

Thank You,
Secretary of
Auxiliary 4867
Elin Klem