

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37268

1. Entity Name

SEBASTIAN INLET EAGLES LADIES AUXILIARY 4067, IN

Principal Place of Business

11632 U.S. #1
SEBASTIAN FL 32958

Mailing Address

P.O. BOX 780602
SEBASTIAN FL 32978

US 9406 TRADE CENTER DR.
SEBASTIAN, FL. 32958

2. Principal Place of Business

9406 TRADE CENTER DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBASTIAN, FL.

City & State

4. FEI Number

59-2911237

Applied For

Not Applicable

Zip

Country

Zip

Country

32958

USA

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

WELLER, VICTORIA
13025 80TH COURT
SEBASTIAN FL 32958

Name

SAME

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

x Victoria E. Weller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JONES, LINDA
1234 BARBER ST.
SEBASTIAN FL 32958

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MURRAY, NANCY
961 SCHUMANN DR.
SEBASTIAN FL 32958

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HULL, HELEN
6160 98TH ROAD
SEBASTIAN FL 32958

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WELLER, VICTORIA
8816 103 AVENUE
VERO BEACH FL 58963

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME

☐ 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:

x Elsie Klempe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 3/8/01

CR2E037 (10/00)