

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91625 016 ****61.25

DOCUMENT # N37268

1. Entity Name

SEBASTIAN INLET EAGLES LADIES AUXILIARY 4067, IN C.

Principal Place of Business

Mailing Address

**9606 TRADE CENTER DR.
 SEBASTIAN FL 32958
 US**

**P.O BOX 780602
 SEBASTIAN FL 32978
 US**

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

59-2911237

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

**WELLER, VICTORIA
 13025 80TH COURT
 SEBASTIAN 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	JONES, LINDA	1234 BARBER ST.	SEBASTIAN FL 32958	<input type="checkbox"/>
T	MURRAY, NANCY	961 SCHUMANN DR.	SEBASTIAN FL 32958	<input type="checkbox"/>
T	HULL, HELEN	6180 98TH ROAD	SEBASTIAN FL 32958	<input type="checkbox"/>
S	KLEMP, ELSIE	291 CHRISTMAS AVENUE S.E.	PALM BAY FL 32909	<input checked="" type="checkbox"/>
P	WELLER, VICTORIA	8816 103 AVENUE	VERO BEACH FL 58963	<input type="checkbox"/>
T	BRUSSEL, DARLENE	7615 131 ST.	SEBASTIAN FL 32958	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*Secretary
 Stephanie Holcomb
 9452 US 1
 Sebastian, FL 32958*

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: *Stephanie Holcomb* **Secretary** *5/1/2* *772-589-4558*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)