

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

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

T ☐ Delete
NAME HULL, HELEN
STREET ADDRESS 6180 98TH ROAD
CITY-ST-ZIP SEBASTIAN FL 32958

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

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

☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Stephanie Holcomb
CITY-ST-ZIP 9452 US-1
Sebastian, FL 32958

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

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

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

☐ 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:

Stephanie Holcomb, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2

772-589-4558
Date Daytime Phone #

CR2E037 (9/01)