

2000 UNIFORM BUSINESS REPORT (UBR)

3/4.

DOCUMENT # N45758

1. Entity Name

RIO LINDO GARDEN CLUB OF PORT ST. LUCIE INC.

FILED
May 17, 2000 8:00 am
Secretary of State

03-04-2000 90116 034 ****61.25

Principal Place of Business Mailing Address
246 SW STARFLOWER AVE 246 SW STARFLOWER AVE
PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984-4461
US US

2. Principal Place of Business 3. Mailing Address
2280 SW Mt. Vernon St. 2280 SW Mt. Vernon St.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port St. Lucie, FL Port St. Lucie, FL

Zip Country Zip Country
34953-2358 USA 34953-2358 USA

4. FEI Number 65-0296781
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
PEEPLS, PHYLLIS
246 SW STARFLOWER AVE
PORT ST. LUCIE FL 34983
Name Catherine Farrell
Street Address (P.O. Box Number is Not Acceptable)
2280 SW Mt. Vernon Street
Port St. Lucie FL 34953-2358

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 *Catherine Farrell* February 21, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE
Catherine Farrell, President

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	DP PEEPLS, PHYLLIS 246 SW STARFLOWER AVE PORT ST. LUCIE FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Catherine Farrell "D" ☒ Change ☐ Addition 2280 SW Mt. Vernon Street Port St. Lucie, FL 34953-2358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALKEMA, VIRGINIA 1965 SE TICKRIDGE RD PORT ST. LUCIE FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Emily Doolan "D" ☒ Change ☐ Addition 1607 SE Nancy Lane Port St. Lucie, FL 34983-3820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTSOCK, JOAN 1226 SE PALM BEACH ROAD PORT ST. LUCIE FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Phyllis Peeples "D" ☒ Change ☐ Addition 246 SW Starflower Avenue Port St. Lucie, FL 34984-4461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, DOROTHY 2513 SE HAMDEN RD PORT ST. LUCIE FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rhoda Wiener ☒ Change ☐ Addition 1704 SE Sir Lancelot Drive Port St. Lucie, FL 34952-6799
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gladys Rising ☒ Change ☐ Addition 8 Don Quixote Lane Port St. Lucie, FL 34952-2313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Theresa Olliver ☒ Change ☐ Addition 1942 SE Burgundy Lane Port St. Lucie, FL 34952-8866

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: *Catherine Farrell* REQUIRED

February 21, 2000 561/878-0511

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)