

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45758

1. Entity Name

RIO LINDO GARDEN CLUB OF PORT ST. LUCIE INC.

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90020 049 ****70.00

Principal Place of Business

1016 SE KITCHING COVE
PORT SAINT LUCIE FL 34952-5902
US

Mailing Address

1016 SE KITCHING COVE
PORT SAINT LUCIE FL 34952-5902
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

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

KING, JOLEEN
1016 SE KITCHING COVE
PORT SAINT LUCIE FL 34952-5902

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 PD ☐ Delete
NAME KING, JOLEEN
STREET ADDRESS 1016 SE KITCHING COVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952-5902

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

TITLE VPD ☐ Delete
NAME FARRELL, CATHERINE
STREET ADDRESS 2280 SW MT VERNON ST
CITY-ST-ZIP PORT SAINT LUCIE FL 34953-2358

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

TITLE VPD ☐ Delete
NAME CONNELLT, BETTY JO
STREET ADDRESS 1356 SE BUCKINGHAM TERRACE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952-4102

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

TITLE S ☐ Delete
NAME GEYER, EVELYN
STREET ADDRESS 457 SW EASTPORT CIRCLE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953-7127

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

TITLE S ☐ Delete
NAME RISING, GLADYS
STREET ADDRESS 8 DON QUIXOTE LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952-2313

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

TITLE T ☐ Delete
NAME OLLIVER, THERESA
STREET ADDRESS 1942 SE BURGUNDY LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952-8866

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)