

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N49446**

1. Entity Name

FELLSMERE CIVIC LEAGUE, INC.

Principal Place of Business

**1063 LINCOLN STREET
FELLSMERE FL 32948**

Mailing Address

**1063 LINCOLN STREET
FELLSMERE FL 32948**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**VANDEVOORDE, RENE G.
1327 N. CENTRAL AVENUE
SEBASTIAN FL 32958**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**7. Name and Address of New Registered Agent**

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**TITLE **PD** ☐ Delete
NAME **BURKS, DORIS**
STREET ADDRESS **1063 LINCOLN STREET**
CITY-ST-ZIP **FELLSMERE FL**TITLE **VD** ☐ Delete
NAME **BROWN, MARY E.**
STREET ADDRESS **1009 LINCOLN STREET**
CITY-ST-ZIP **FELLSMERE FL**TITLE **STD** ☐ Delete
NAME **THOMAS, DOROTHY**
STREET ADDRESS **1006 VERNON STREET**
CITY-ST-ZIP **FELLSMERE FL**TITLE **D** ☐ Delete
NAME **LATIMER, JOHN**
STREET ADDRESS **12914 100TH PLACE**
CITY-ST-ZIP **FELLSMERE FL**TITLE **D** ☐ Delete
NAME **MANNING, FRED**
STREET ADDRESS **12910 100TH PLACE**
CITY-ST-ZIP **FELLSMERE FL**TITLE **D** ☐ Delete
NAME **WILLIAMS, EDDIE**
STREET ADDRESS **1021 VERNON STREET**
CITY-ST-ZIP **FELLSMERE FL****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90032 023 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)