

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50978

1. Entity Name

THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.

Principal Place of Business

P.O. BOX 78-0686
SEBASTIAN FL 32978

Mailing Address

P.O. BOX 78-0686
SEBASTIAN FL 32978

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

59-3146002

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

SEIFERT, GAYLE C
75 JOYHAVEN DRIVE
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

Gayle C. Seifert

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/02

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 D
NAME SEIFERT, GAYLE C
STREET ADDRESS 75 JOY HAVEN DR
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

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

TITLE TD
NAME RAMIE JAMES A.
STREET ADDRESS 314 E DOLPHIN CIRCLE
CITY-ST-ZIP BAREFOOT BAY FL ☐ Delete

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

TITLE S
NAME TRUESDALE, CAROLYN
STREET ADDRESS 856 MULBERRY ST
CITY-ST-ZIP SEBASTIAN FL ☐ Delete

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

TITLE D
NAME BUCKMAN, ELLA C
STREET ADDRESS 6245 81ST ST
CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

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

TITLE VPD
NAME TANNEHILL, BARBARA
STREET ADDRESS 717 AMARYLLIS DRIVE
CITY-ST-ZIP BAREFOOT BAY FL ☐ Delete

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

TITLE D
NAME PAGE, RICHARD
STREET ADDRESS 498 SEAGRASS AVE
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

JAMES A. RAMIE
TREAS.

Date

Daytime Phone #

2/16/02 561-664-3053

CR2E037 (9/01)