

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51419

1. Entity Name

NORTH ST. LUCIE COUNTY CHAPTER #4756 OF AMERICAN

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90015 008 \*\*\*\*61.25

Principal Place of Business

65 FLORES DEL NORTE  
FT. PIERCE FL 34951  
US

Mailing Address

65 FLORES DEL NORTE  
FT. PIERCE FL 34951-2879  
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

94-3152318

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

WEAVER, JOSEPH S.  
65 FLORES DEL NORTE  
FT. PIERCE FL 34951

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	<input type="checkbox"/> Delete
NAME	WEAVER, JOSEPH S.	
STREET ADDRESS	65 FLORES DEL NORTE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FEHER, LOUIS	
STREET ADDRESS	12 OCTAVO	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOGAN, DOROTHY	
STREET ADDRESS	7 BOLERO	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOSS, MARY	
STREET ADDRESS	7 JULIA	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOVACS, MARY	
STREET ADDRESS	22 ECUADOR WAY	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENTZ, JAMES S	
STREET ADDRESS	159 CALLE DE LAGOS	
CITY-ST-ZIP	FT PIERCE FL 34951	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pentz, James S	
STREET ADDRESS	159 Calle de Lagos	
CITY-ST-ZIP	FT. Pierce FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Frank Buzzelli	
STREET ADDRESS	78 Las Casitas	
CITY-ST-ZIP	Fl. Pierce FL 34951	

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: *[Signature]*

1/14/2000 561-466 7987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)