FILED

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

## Feb 26, 2001 8:00 am DOCUMENT # N51419 **Secretary of State** 1. Entity Name NORTH ST. LUCIE COUNTY CHAPTER #4756 OF AMERICAN 02-26-2001 90542 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 65 FLORES DEL NORTE 65 FLORES DEL NORTE FT. PIERCE FL 34951 FT. PIERCE FL 34951 2. Principal Place of Business Mailing Addres SICOV Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number IERCE 94-3152318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired tihuci p 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 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. 02-04-01 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Department of State FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete JAMES PENTZ TITLE TIT! F WEAVER, JOSEPH S. NAME NAME 159 CALLE DE LAGOS STREET ADDRESS 65 FLORES DEL NORTE STREET ADDRESS FT PIERCE FL CITY-ST-ZIP CITY-ST-ZIF FT. PIERCE FL EVELYN DANFORTH Change VPD Delete TITLE TITLE PENTZ, JAMES S NAME NAME STREET ADDRESS 159 CALLE DE LAGOS STREET ADDRESS FT PIERCE, FL 34951 CITY-ST-ZIP CITY-ST-ZIP FORT\_PIERCE\_FL.34951 JOHN BRADLEY Change 133 CALLE DE LAGOS Change FT PIEREE, FL 34951 Delete TITLE TITLE NAME HOGAN, DOROTHY NAME STREET ADDRESS STREET ADDRESS 7 BOLERO CITY-ST-ZIP CITY-\$T-ZIP FT PIERCE FL BETTY BRADLEY 133 CALLEDE HAGES DE Delete TITLE Addition TITLE NAME GOSS, MARY NAME STREET ADDRESS STREET ADDRESS 7 JULIA PIERCE FX 34951 CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Delete TITLE ☐ Change Addition TITLE KOVACS, MARY NAME STREET ADDRESS STREET ADDRESS 22 ECUADOR WAY CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Delete Addition BUZZELLI, KRAUK STREET ADDRESS STREET ADDRESS 78 LAS CASITAS CITY-ST-ZIP CITY-ST-ZIP FORT 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 REQUIREDA