

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90202 036 ****61.25

DOCUMENT # N94000002739

1. Entity Name

ST. LUCIE COUNTY CHAMBER OF COMMERCE FOUNDATION, INC.



Principal Place of Business

**2200 VIRGINIA AVENUE
FORT PIERCE FL 34982**

Mailing Address

**2200 VIRGINIA AVENUE
FORT PIERCE FL 34982**

70043515



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3120098**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIVETT, ALLAN
2200 VIRGINIA AVE
FT PIERCE FL 34982**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROBBINS, LEE**
STREET ADDRESS **804 CENTRAL PARKWAY, #9**
CITY-ST-ZIP **STUART FL 34997**

TITLE **PED** ☐ Delete
NAME **MATTHES, STEFFAN**
STREET ADDRESS **4320 THOUSAND PINES RD.**
CITY-ST-ZIP **FORT PIERCE FL 34987**

TITLE **TD** ☐ Delete
NAME **LOVELESS, RON**
STREET ADDRESS **1009 BERMUCK AVE.**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **SD** ☐ Delete
NAME **RIVETT, AL**
STREET ADDRESS **2200 VIRGINIA AVE.**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

4/14/03

772-595-9999

CR2E037 (10/02)