

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90148 004 ****61.25

DOCUMENT # N95000004799

1. Entity Name

ST. LUCIE PROFESSIONAL ARTS LEAGUE, INC.



Principal Place of Business

**1788 SE FALLON DR.
PORT SAINT LUCIE FL 34983
US**

Mailing Address

**1788 SE FALLON DR.
PORT SAINT LUCIE FL 34983
US**

2. Principal Place of Business

2418 S. E. Melon Court

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

4. FEI Number **65-0615751**

Applied For

Not Applicable

Zip

Country

34952

USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOSER, ANITA M
1788 S.E. FALLON DRIVE
PORT SAINT LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name
Gloria Barbusci

Street Address (P.O. Box Number is Not Acceptable)
2418 S. E. Melon Court

City

Port St. Lucie

FL

Zip Code

34952

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 *Gloria Barbusci, Treasurer* *Gloria Barbusci* *2/7/03*

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	TD	☒ Delete
NAME	MOSER, ANITA	
STREET ADDRESS	1788 S.E. FALLON DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	

TITLE	PD	☐ Delete
NAME	HOLIDAY, JOE	
STREET ADDRESS	2518 SE ANCHORAGE COVE, UNIT E1	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

TITLE	VPD	☒ Delete
NAME	LAUGOIS, JOAN	
STREET ADDRESS	1643 SE BIDDLE LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

TITLE	S	☐ Delete
NAME	SCHULZ, GLORIA	
STREET ADDRESS	308 RIO MAR DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	

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	Treasurer	☒ Change ☐ Addition
NAME	Gloria Barbusci	
STREET ADDRESS	2418 S. E. Melon Court	
CITY-ST-ZIP	Port St. Lucie, FL 34952	☐ Change ☐ Addition

TITLE	Vice President	☒ Change ☐ Addition
NAME	Josiah Newton	
STREET ADDRESS	920 Georgia Avenue	
CITY-ST-ZIP	Fort Pierce, FL 34050	☐ Change ☐ Addition

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

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

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: *Gloria Barbusci* *2/7/03* *(772)335-1603*

CR2E037 (10/02)