

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000614

1. Entity Name

ST. LUCIE CHORALE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 139  
STUART FL 34995  
US

P. O. BOX 139  
STUART FL 34995-0139  
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

65-0642239

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

ABERNETHY, BRUCE R JR.  
900 VIRGINIA AVE.  
SUITE 6  
FT. PIERCE FL 34982

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

TITLE S ☐ Delete

NAME MCNIFF, SANDRA  
STREET ADDRESS 113 MANLEY ST  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☒ Delete

NAME HUNTER, CHARLES  
STREET ADDRESS 1901 S.E. ERWIN  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☐ Delete

NAME RENALDY, CARMEN  
STREET ADDRESS 4069 GARDEN VILLAS COURT  
CITY-ST-ZIP FT. PIERCE FL

TITLE D ☐ Delete

NAME ROSENBERG, ALLEN  
STREET ADDRESS 3201 LIVE OAK LANE  
CITY-ST-ZIP FT. PIERCE FL 34981

TITLE D ☐ Delete

NAME ROSENBERG, URSULA  
STREET ADDRESS 3201 LIVE OAK LANE  
CITY-ST-ZIP FT. PIERCE FL 34981

TITLE T ☒ Delete

NAME FLANNAGAN, IRENE  
STREET ADDRESS 600 UNO LAGO DR #303  
CITY-ST-ZIP JUNO BEACH FL 33408

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME 113 MANLEY ST  
STREET ADDRESS 34983  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME PRESIDENT JAMES McADAMS III  
STREET ADDRESS 2291 SW Manor Hill Dr  
CITY-ST-ZIP Palm City FL 34990

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

TITLE ☒ Change ☐ Addition

NAME TREASURER STEVENS GERALD W.  
STREET ADDRESS 1574 SE BAULANT RAE CT  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90016 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1-23-2000 561-337-2232