

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90055 023 ****61.25

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 34997
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	MCNIFF, SANDRA	
STREET ADDRESS	113 MANLY ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCADAMS, JAMES III	
STREET ADDRESS	2291 SW MANOR HILL DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENALDY, CARMEN	
STREET ADDRESS	4069 GARDEN VILLAS COURT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, ALLEN	
STREET ADDRESS	3201 LIVE OAK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, URSULA	
STREET ADDRESS	3201 LIVE OAK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEVENS, GERALON	
STREET ADDRESS	1574 SE BALLANTRAE CT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gerald N. Stevens* **GERALD N. STEVENS** Jan 14 2002 561-337-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)