

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002520

1. Entity Name

ADOPT A FLORIDA GREYHOUND OF ST. LUCIE COUNTY, I

Principal Place of Business

Mailing Address

3333 SW 66TH AVE
PALM CITY FL 34990
US

PO BOX 1833
PALM CITY FL 34991-6833
US

2. Principal Place of Business

5500 SW GROVE ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY FL

City & State

4. FEI Number

65-0707341

Applied For

Not Applicable

Zip

34990

Country

US

Zip

Country

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

Name

LINNEA D. BECKMAN

Street Address (P.O. Box Number is Not Acceptable)

5500 SW GROVE STREET

City

PALM CITY

FL

Zip Code

34990

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

Linnea D. Beckman

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 DPT
NAME BECKMAN, LINNEA D. ☐ Delete
STREET ADDRESS 3333 SW66TH AVE
CITY-ST-ZIP PALM CITY FL 34991

TITLE DPT
NAME LINNEA D. BECKMAN ☒ Change ☐ Addition
STREET ADDRESS 5500 SW GROVE ST.
CITY-ST-ZIP PALM CITY, FL 34990

TITLE DVS
NAME RHOADS, VALERIE ☐ Delete
STREET ADDRESS 3333 SW 66TH AVE
CITY-ST-ZIP PALM CITY FL

TITLE DVS
NAME VALERIE RHOADS ☒ Change ☐ Addition
STREET ADDRESS 5500 SW GROVE ST
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D
NAME TURMAIL, JANE ☐ Delete
STREET ADDRESS 5623 OLEANDER
CITY-ST-ZIP FT PIERCE FL

TITLE D
NAME BEVERLEE LeFrancois ☒ Change ☐ Addition
STREET ADDRESS 774 SE ESSEX
CITY-ST-ZIP PORT. ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Linnea D. Beckman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 561-597-3705

X131

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

01-31-2000 90016 033 ****70.00



DO NOT WRITE IN THIS SPACE