

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002520

1. Entity Name

ADOPT A FLORIDA GREYHOUND OF ST. LUCIE COUNTY, I NC.

Principal Place of Business

200 SW ALLAPATTAH ROAD  
LOT 19  
INDIANTOWN FL 34956  
US

Mailing Address

PO BOX 1833  
PALM CITY FL 34991  
US

2. Principal Place of Business

7907 HAMILTON AVE.

3. Mailing Address

Suite, Apt. #, etc.

LAKWOOD PARK

City & State

FT. PIERCE, FL

Zip

34951

Country  
USA

Country

4. FEI Number

65-0707341

Applied For

☒ Not Applicable

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

6. Name and Address of Current Registered Agent

BECKMAN, LINNEA D.  
200 SW ALLAPATTAH ROAD  
LOT 19  
INDIANTOWN FL 34956

7. Name and Address of New Registered Agent

Name SAME / ADDRESS CHANGE

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

7907 HAMILTON AVE

LAKWOOD PARK

City FT. PIERCE

FL

Zip Code  
34951

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 DPT

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 DPT ☐ Delete  
NAME BECKMAN, LINNEA D.  
STREET ADDRESS 5500 SW GROVE ST  
CITY-ST-ZIP PALM CITY FL 34991

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

TITLE D ☐ Delete  
NAME LEFRANCOIS, BEVERLEE  
STREET ADDRESS 774 SE ESSEX  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DPT ☒ Change ☐ Addition  
NAME LINNEA D. BECKMAN  
STREET ADDRESS 7907 HAMILTON AVE.  
CITY-ST-ZIP FT. PIERCE FL

TITLE DVS ☒ Change ☐ Addition  
NAME VALERIE SOPUCH  
STREET ADDRESS 1155 SW ASTORWOOD PL  
CITY-ST-ZIP STUART, FL 34994

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  
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 LINNEA D. BECKMAN LINNEA D. BECKMAN, DPT 4/22/02 712-571-3705X178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE