

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90101 004 ****61.25

DOCUMENT # N98000005956

1. Entity Name

MILITARY ORDER OF THE PURPLE HEART ST. LUCIE COUNTY CHAPTER #650-FL, INC.



Principal Place of Business

**933 SW BAY STATE ROAD
PORT ST. LUCIE FL 34953**

Mailing Address

**933 SW BAY STATE ROAD
PORT ST. LUCIE FL 34953**

2. Principal Place of Business

AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0410687**

Applied For
Not Applicable

Zip

Country

U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

**BEAGLE, PAUL
933 SW BAY STATE ROAD
PORT ST. LUCIE FL 34953**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PAUL BEAGLE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Paul Beagle

1/9/03
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 NAME STREET ADDRESS CITY-ST-ZIP	CD BUCK, WALTER 726 NW RAINBOW ST PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD FLAREAU, DONALD 741 SE LIGHTHOUSE AVE PORT SAINT LUCIE FL 34983 <input checked="" type="checkbox"/> Delete <i>Deceased</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVCD RULE, WILLIAM 386 FERRIS DRIVE PORT SAINT LUCIE FL 34983 <input checked="" type="checkbox"/> Delete <i>MOVED</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AFOD BEAGLE, PAUL 933 SW BAY STATE ROAD PORT SAINT LUCIE FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, FRED 2409 OLEANDER AVE FORT PIERCE FL 34982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, WILLIAM 4 ELENA DR - 4 ELENA DR. PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD MOLINARI, ALBERT A. 1310 N.E. 14 COURT K18 JENSEN BEACH, FL. 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVCD ZWEMKE, JEFFREY C. 320 SE FISK ROAD PORT ST. LUCIE, FL 34984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE RE *Paul Beagle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03-(772) 579-3855

CR2E037 (10/02)