

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010000110016  
1. Entity Name  
STUART LODGE, A.L.F.



FILED

03 JUN -5 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2 PALMETTO DRIVE  
Suite, Apt. #, etc.  
SEWALL'S POINT  
City & State  
STUART, FLORIDA  
Zip  
34996 Country  
U.S.A.

3. Mailing Address  
2 PALMETTO DRIVE  
Suite, Apt. #, etc.  
SEWALL'S POINT  
City & State  
STUART, FLORIDA  
Zip  
34996 Country  
U.S.A.

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4. FEI Number  
01-0631382 Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent  
Name  
SHEILA HARRIGAN  
Street Address (If Box Number is Not Acceptable)  
2 PALMETTO DRIVE  
SEWALL'S POINT, FLORIDA  
City  
STUART FL Zip Code  
34996

**DO NOT WRITE  
IN THIS SPACE**

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 Sheila Harrigan "SHEILA HARRIGAN" Current registered agent 6/2/03  
(NOTE: Registered Agent Signature required when re-appointing)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>PRESIDENT<br/>HARRIGAN SHEILA<br/>2 PALMETTO DRIVE<br/>SEWALL'S POINT<br/>STUART, FLORIDA 34996</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>000020539730<br/>06/05/03--01024--004 **158</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Harrigan President 6/3/03 772-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SHEILA HARRIGAN PRESIDENT

221-8251  
7615

0772-231-8251

CR2E034B (12/02)