

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 703505**

1. Entity Name

**ST. LUCIE SETTLEMENT, INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90117 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

810 SW SALERNO RD  
 STUART FL 34997

810 SW SALERNO RD  
 STUART FL 34997-6257

2. Principal Place of Business

3. Mailing Address

695 SW SALERNO ROAD

695 S.W. SALERNO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART, FLORIDA

City & State

STUART FLORIDA

4. FEI Number

59-1892296

Applied For

Not Applicable

Zip

34997-6257

Country

MARTIN

Zip

34997-6257

Country

MARTIN

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

WILLET, PHIL  
 810 SW SALERNO RD  
 STUART FL 34997

Name **GERALD STRICKLAND**

Street Address (P.O. Box Number is Not Acceptable)  
**695 S.W. SALERNO ROAD**

City **STUART**

FL

Zip Code **34997**

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 *Gerald Strickland* **GERALD STRICKLAND - CHAIRMAN** **3/30/2000**

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 **VD**  Delete  
 NAME **BITTNER, FRANK**  
 STREET ADDRESS **715 SW SALERNO RD**  
 CITY-ST-ZIP **STUART FL**

TITLE **C/O**  Change  Addition  
 NAME **STRICKLAND, GERALD**  
 STREET ADDRESS **695 S.W. SALERNO ROAD**  
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **D**  Delete  
 NAME **STRICKLAND, GERRY**  
 STREET ADDRESS **695 SW SALERNO RD**  
 CITY-ST-ZIP **STUART FL**

TITLE **D**  Change  Addition  
 NAME **WILLET, PHILIP**  
 STREET ADDRESS **810 S.W. SALERNO ROAD**  
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **TD**  Delete  
 NAME **HORVATH, JAY**  
 STREET ADDRESS **534 SW SALERNO RD**  
 CITY-ST-ZIP **STUART FL**

TITLE **DIV**  Change  Addition  
 NAME **DICKIN, CHARLES**  
 STREET ADDRESS **790 S.W. SALERNO ROAD**  
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **SD**  Delete  
 NAME **MILLIGAN, WILLIAM**  
 STREET ADDRESS **700 SW SALERNO RD**  
 CITY-ST-ZIP **STUART FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CS**  Delete  
 NAME **WILLET, PHIL**  
 STREET ADDRESS **810 SW SALERNO RD**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SAMOSKY, DON**  
 STREET ADDRESS **735 SW SALERNO RD**  
 CITY-ST-ZIP **STUART FL**

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:

*Frank Bittner* **FRANK BITTNER - TREASURER** **3/30/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)