

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # 741205

1. Entity Name

ST. LUCIE ASSOCIATION OF REALTORS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90078 030 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
4972 SOUTH 25TH STREET      4972 SOUTH 25TH STREET  
PORT PIERCE FL 34981      PORT PIERCE FL 34981-5009  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
59-1795822      Not Applicable

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

SHERRARD, JOHN  
34 EAST FIFTH STREET  
STUART FL 34994

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.

SIGNATURE

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	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, KIRK	
STREET ADDRESS	806 SHORE WINDS DR	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, MICKEY	
STREET ADDRESS	1682 S.E. MISTLETOE ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINLAYSON, TODD L	
STREET ADDRESS	626 NE EMERSON ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYNARD, KEN	
STREET ADDRESS	1504 CORTEZ BLVD	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	M	<input type="checkbox"/> Delete
NAME	MACALUSO, NANCY	
STREET ADDRESS	9492 BLOOMFIELD DRIVE	
CITY-ST-ZIP	PLAM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Hall	
STREET ADDRESS	P.O. Box 1055, Stuart, FL	
CITY-ST-ZIP	34995	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Bradley	
STREET ADDRESS	1002 SE Landsdowne Ave, Port St Lucie, FL	
CITY-ST-ZIP	34983	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Auld	
STREET ADDRESS	4972 S 25th St	
CITY-ST-ZIP	Fort Pierce, FL 34981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Nancy Macaluso, CEO

2-14-00

561-465-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)