

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-17-2001 91329 001 ****61.25

DOCUMENT # 741205

1. Entity Name

ST. LUCIE ASSOCIATION OF REALTORS, INC.

Principal Place of Business

4972 SOUTH 25TH STREET
 PORT PIERCE FL 34981
 US

Mailing Address

4972 SOUTH 25TH STREET
 PORT PIERCE FL 34981
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1795822

Applied For

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:
FEF 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	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, DAVID	
STREET ADDRESS	PO BOX 1055	
CITY-ST-ZIP	STUART FL 34995	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, SANDY	
STREET ADDRESS	1002 SE LANDSDOWNE AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	AULD, JOHN	
STREET ADDRESS	4972 S 25TH ST	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYNARD, KEN	
STREET ADDRESS	1504 CORTEZ BLVD	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	M	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIX DICKSON	
STREET ADDRESS	410 NE CORNWALL AVE.	
CITY-ST-ZIP	PORT ST LUCIE, FLORIDA 34983	
TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VIS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN MORD	
STREET ADDRESS	2088 W. BOOTH DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA L SWANSON	
STREET ADDRESS	2042 SE HANFORD ROAD	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
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 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 561-465-6080

Day

Daytime Phone #

CR2E037 (10/00)