

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90670 019 ****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: 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 **PED** ☐ Delete
 NAME **NICKSON, STIX**
 STREET ADDRESS **410 NORTHEAST CORNWALL AVENUE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **PD** ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **PD**
 CITY-ST-ZIP **PD**

TITLE **PD** ☒ Delete
 NAME **BRADLEY, SANDY**
 STREET ADDRESS **1002 SE LANDSDOWNE AVE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **PED** ☒ Change ☐ Addition
 NAME **Robert Lowe**
 STREET ADDRESS **4949 N 11th #131**
 CITY-ST-ZIP **Fort Pierce, FL 34949**

TITLE **TD** ☒ Delete
 NAME **AULD, JOHN**
 STREET ADDRESS **4972 S 25TH ST**
 CITY-ST-ZIP **FORT PIERCE FL 34981**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Kathleen Corcoran**
 STREET ADDRESS **1482 SE Manth Lane**
 CITY-ST-ZIP **Port St. Lucie, FL 34983**

TITLE **VSD** ☒ Delete
 NAME **MORO, HELEN**
 STREET ADDRESS **2088 WEST BOOTH DRIVE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **Sharon Kelly-Brown**
 STREET ADDRESS **3146 SE Overbrook Dr.**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE **M** ☐ Delete
 NAME **SWANSON, DEBRA L**
 STREET ADDRESS **2042 SOUTHEAST HANFORD ROAD**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)