

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24752

1. Entity Name

ST. LUCIE WEST INDUSTRIAL ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90041 016 ***61.25

Principal Place of Business

Mailing Address

1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986
US

1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986-2504
US

2. Principal Place of Business

1850 Fountainview Boulevard

3. Mailing Address

1850 Fountainview Boulevard

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0141249

Applied For

Not Applicable

Zip

34986

Country

USA

Zip

34986

Country

USA

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

PAGE, DAVID C
1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986

Name

Street Address (P.O. Box Number is Not Acceptable)

1850 Fountainview Boulevard, Suite 201

City
Port St. Lucie

FL

Zip Code
34986

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GALLAGHER, JOHN P.
1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1850 Fountainview Boulevard, Suite 201
Port St. Lucie, FL 34986 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
JAMES ANDERSON
1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1850 Fountainview Boulevard, Suite 201
Port St. Lucie, FL 34986 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PAGE, DAVID C
1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1850 Fountainview Boulevard, Suite 201
Port St. Lucie, FL 34986 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ 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 #

4/24/00 561-340-3500

CR2E037 (9/99)