2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 703505** Apr 17, 2000 8:00 am 1. Entity Name Secretary of State ST. LUCIE SETTLEMENT, INC. 04-17-2000 90117 030 ****61.25 Principal Place of Business Mailing Address 810 SW SALERNO RD 810 SW SALERNO RD STUART FL 34997 STUART FL 34997-6257 2. Principal Place of Business Sw. S 3. Mailing Address 69.55.W. SATERNO BAC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For STURM thoman 9T47NT FLORUST 59-1892296 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired... MPATTA Fee Required MARTIN 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRICKLAND \mathcal{A} WILLET, PHIL 20A0 810 SW SALERNO RD STUART FL 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE VD. ☐ Delete TITLE Change ☐ Addition STRICKLAND, GERALD NAME BITTNER, FRANK NAME 695 S.W. SALERAD ROAD STREET ADDRESS STREET ADDRESS 715 SW SALERNO RD STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIP STUART FL Change ☐ Addition TITLE ☐ Delete TITLE WILLET, PHILIP NAME STRICKLAND, GERRY NAME 8/0 S.W. SALERNO POAD STREET ADDRESS STREET ADDRESS 695 SW SALERNO RD STURET, FL 34997 CITY_ST-7IP CITY-ST-ZIP STUART FL ☐ Change Addition TD ☐ Delete TITLE TITLE DICKUN CHARLES HORVATH, JAY NAME NAME 790 S.W. SALETUNO ROAD STREET ADDRESS 534 SW SALERUO RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL SD Change Addition TITLE ☐ Delete TITLE NAME MILLIGAN, WILLIAM NAME STREET ADDRESS 700 SW SALERNO RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WILLET, PHIL NAME STREET ADDRESS STREET ADDRESS 810 SW SALERNO RD CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 ☐ Delete ☐ Change ☐ Addition TITLE TITLE SAMOSKY, DON NAME NAME STREET ADDRESS STREET ADDRESS 735 SW SALERNO RD CITY-ST-7IP CITY-ST-ZIP STUART FL 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 trastee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U00

Daytime Phone #