

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703505

1. Entity Name

ST. LUCIE SETTLEMENT, INC.

Principal Place of Business

695 SW SPERNO ROAD
STUART FL 34997

Mailing Address

695 SW SPERNO ROAD
STUART FL 34997

2. Principal Place of Business

695 S.W. SALERNO ROAD

Suite, Apt. #, etc.

3. Mailing Address

695 S.W. SALERNO ROAD

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

4. FEI Number

59-1892296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, GERALD
695 S.W. SALERNO ROAD
STUART FL 34997

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STRICKLAND, GERALD 695 S.W. SALERNO ROAD STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLET, PHILIP 810 S.W. SALERNO ROAD STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HORVATH, JAY 534 SW SALERNO RD STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLIGAN, WILLIAM 700 SW SALERNO RD STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS WILLET, PHIL 810 SW SALERNO RD STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMOSKY, DON 735 SW SALERNO RD STUART FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFF GRANDONE 675 S.W. SALERNO ROAD STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN SPRAGUE 840 S.W. SALERNO ROAD STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENJAMIN MAGRILL 685 S.W. SALERNO ROAD STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFF ENDRISS 650 S.W. SALERNO ROAD STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK BITTNER 715 S.W. SALERNO ROAD STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gerald Strickland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01 561-283-7878

Date

Daytime Phone #

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90091 038 ****61.25

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DO NOT WRITE IN THIS SPACE

UBR3/00

CR2E037 (10/00)