# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 03, 2002 8:00 am**
**Secretary of State**
05-12-2002 90653 004 ****61.25

DOCUMENT # 703505

1. Entity Name

ST. LUCIE SETTLEMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 695 SW SALERNO ROAD<br>STUART FL 34997 | 695 SW SALERNO ROAD<br>STUART FL 34997 |

DO NOT WRITE IN THIS SPACE

| 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 59-1892296 ☐ 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 |
|---|---|
| STRICKLAND, GERALD<br>695 S.W. SALERNO ROAD<br>STUART FL 34997 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>STRICKLAND, GERALD<br>695 S.W. SALERNO ROAD<br>STUART FL 34997 | ☐ Delete | D<br>Jeff Endriss<br>650 SW | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLET, PHILIP<br>810 S.W. SALERNO ROAD<br>STUART FL 34997 | ☑ Delete | T/D<br>Jeff Grandone<br>675 SW | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HORVATH, JAY<br>534 SW SALERUO RD<br>STUART FL | ☑ Delete | D<br>Benjamin Magrill<br>685 SW | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MILLIGAN, WILLIAM<br>700 SW SALERNO RD<br>STUART FL | ☐ Delete | S/D<br>John Sprague<br>840 SW | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CS<br>WILLET, PHIL<br>810 SW SALERNO RD<br>STUART FL 34997 | ☑ Delete | D<br>William Milligan<br>700 SW | ☑ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SAMOSKY, DON<br>735 SW SALERNO RD<br>STUART FL | ☑ Delete | D<br>Michael Pontecorvo<br>670 SW | ☐ Change | ☑ Addition |

CR2E037 (9/01)

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 Treasurer 5/29/02 223-5407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #