

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 205337

1. Entity Name
ST. LUCIE MORTGAGE COMPANY

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90021 024 ***150.00

Principal Place of Business 1216 YORK AVENUE FT. PIERCE FL 34982	Mailing Address 1216 YORK AVENUE FT. PIERCE FL 34982-3647
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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 05-9080794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
NOURSE, PHILIP G.
1216 YORK AVE.
FORT PIERCE FL 33450

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> Delete
NAME	NOURSE, JIMMIE V.
STREET ADDRESS	1216 YORK AVE.
CITY-ST-ZIP	FORT PIERCE FL
TITLE	TD <input type="checkbox"/> Delete
NAME	NOURSE, JIMMIE A.
STREET ADDRESS	1216 YORK AVENUE
CITY-ST-ZIP	FORT PIERCE FL
TITLE	VD <input type="checkbox"/> Delete
NAME	FEE, LEVAN
STREET ADDRESS	2821 S. IND. RIVER DR.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	PD <input type="checkbox"/> Delete
NAME	NOURSE, PHILIP G.
STREET ADDRESS	1216 YORK AVENUE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip G. Nourse* 3/7/00 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)