

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90085 032 ***150.00

DOCUMENT # 537701	
1. Entity Name PORT ST. LUCIE LANES, INC.	
Principal Place of Business 6759 SOUTH US #1 PORT ST. LUCIE FL 34952-1427	Mailing Address 6759 SOUTH US #1 PORT ST. LUCIE FL 34952
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1757347	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 FURST, JAMES 465 SE SEABREEZE LN PT ST LUCIE FL 34983	7. Name and Address of New Registered Agent Name ELIZABETH W. ROON Street Address (P.O. Box Number is Not Acceptable) 1091 SE SPINNAKER City PT. ST. LUCIE, FL Zip Code 34983
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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 *James P. Furst Sr.* (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME FURST, JAMES	<input checked="" type="checkbox"/> Delete	TITLE President	NAME ELIZABETH W ROON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 465 SE SEABREEZE LN	CITY-ST-ZIP PT ST LUCIE FL		STREET ADDRESS 1091 SE SPINNAKER	CITY-ST-ZIP PORT ST LUCIE FL 34983	(Betty)
TITLE V	NAME ROON, BETTY	<input checked="" type="checkbox"/> Delete	TITLE Vice President	NAME JAMES P. FURST SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1091 SPINNAKER AVE	CITY-ST-ZIP PORT ST. LUCIE FL 33452		STREET ADDRESS 465 S.E. SEABREEZE LN.	CITY-ST-ZIP PORT ST LUCIE, FL	
TITLE ST	NAME STONE, IMOGENE	<input checked="" type="checkbox"/> Delete	TITLE Secretary	NAME Ann Torkowski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1119 ALAMEDA	CITY-ST-ZIP FT PIERCE FL 33450		STREET ADDRESS 7656 W Salerno Rd	CITY-ST-ZIP STUART FL 34997	
TITLE Treasurer	NAME Sinton, Joanne	<input type="checkbox"/> Delete	TITLE TREASURER	NAME SINTON, JOANNE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1299 SW Jasmine Trace	CITY-ST-ZIP Palm City, FL 34990		STREET ADDRESS 1299 SW JASMINE TRACE	CITY-ST-ZIP Palm City, FL 34990	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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: *Elizabeth W. Roon* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-8-00** Daytime Phone #

CR2E034 (9/99)