

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90169 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 624647**

1. Entity Name  
**SANTA LUCEA, INC.**

Principal Place of Business <b>800 SE MONTEREY COMMONS BLVD          STE 200          STUART FL 34996          US</b>	Mailing Address <b>800 S.E. MONTEREY COMMONS BLVD          SUITE 200          STUART FL 34996-3346          US</b>
--	---

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 <b>59-2012740</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RIFKIN, AVRON C  
 GUNSTER, YOAKLEY, ET AL  
 800 S.E. MONTEREY COMMONS BOULEVARD #200  
 STUART FL 34996**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>RIFKIN, GENE C</b>	
STREET ADDRESS	<b>1045 RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RIFKIN, AVRON C</b>	
STREET ADDRESS	<b>800 SE MONTEREY COMMONS BLVD</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, RICHARD F</b>	
STREET ADDRESS	<b>1731 SE 15TH STREET #312</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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: \_\_\_\_\_ **2/23/2000** **561-288-1980**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)