

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705853

1. Entity Name

ST. LUCIE MUTUAL WATER COMPANY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90269 006 ****61.25

Principal Place of Business

Mailing Address

440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480

440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480-4142

2. Principal Place of Business

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1088002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, FRANK L.
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

505 S. Flagler Drive, Suite 300

City

West Palm Beach

FL

Zip Code

33401

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

PSD
BIRDSALL III, JOHN H
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL ☐ Delete

VD
MURPHY, NORMAN
450 ROYAL PALM WAY
PALM BEACH FL ☒ Delete

ASD
CHOPIN, FRANK L.
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480 ☐ Delete

D
COOK, RICHARD C.
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480 ☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
505 S. Flagler Drive, Suite 300
West Palm Beach, FL 33401 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
505 S. Flagler Drive, Suite 300
West Palm Beach, FL 33401 ☐ Change ☐ Addition

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NAME
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TITLE
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☐ Change ☐ Addition

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 an officer, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (561) 655-9500

CR2E037 (9/99)