

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002495

1. Entity Name

ST. LUCIE WEST HOLDING CORP.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90041 014 ***150.00

Principal Place of Business 1740 SW ST LUCIE W BLVD 10 E 50TH ST 26TH FLR PT ST LUCIE FL 34986 US	Mailing Address 1740 SW ST LUCIE W BLVD 10 E 50TH ST 26TH FLR PT ST LUCIE FL 34986-2504 US
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2. Principal Place of Business 1850 Fountainview Boulevard Suite, Apt. #, etc. Suite 201	3. Mailing Address 1850 Fountainview Boulevard Suite, Apt. #, etc. Suite 201
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City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34986	Country USA

4. FEI Number 13-3889521	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEGENER, PAUL J 1740 SW ST LUCIE W BLVD PT ST LUCIE FL 34986	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1850 Fountainview Boulevard, Suite 201 City Port St. Lucie FL Zip Code 34986
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAN, ALAN 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ABDO, JOHN E 1350 NE 56TH ST FT LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDO, FRANK J 1350 NE 56TH ST FT LAUDERDALE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEGENER, PAUL J 1740 SW ST LUCIE W BLVD PT ST LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1850 Fountainview Boulevard, Suite 201 Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAGE, DAVID C 1740 SW ST LUCIE WEST BLVD PT ST LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1850 Fountainview Boulevard, Suite 201 Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, JAMES H 1740 SW ST LUCIE W BLVD PT ST LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1850 Fountainview Boulevard, Suite 201 Port St. Lucie, FL 34986

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: James H. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E034 (9/99)