

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000002496**1. Entity Name
ST. LUCIE WEST DEVELOPMENT CORP.

Principal Place of Business 1850 FOUNTAINVIEW BLVD STE 201 PT ST LUCIE 34986 US	FL	Mailing Address 1850 FOUNTAINVIEW BLVD STE 201 PT ST LUCIE 34986 US	FL
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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

13-3889774

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHEGENER PAUL J
1850 FOUNTAINVIEW BLVD, STE 201PT ST LUCIE FL
34986 US**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 _____ **04/26/2001**

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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	DVT	<input type="checkbox"/> Delete
NAME	ANDERSON JAMES H	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, STE 201	
CITY-ST-ZIP	PT ST LUCIE FL 34986	

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	PAGE DAVID C	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, STE 201	
CITY-ST-ZIP	PT ST LUCIE FL 34986	

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HEGENER PAUL J	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, STE 201	
CITY-ST-ZIP	PT ST LUCIE FL 34986	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ABDO JOHN E	
STREET ADDRESS	1350 NE 56TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT GLEN R	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	

TITLE	DC	<input type="checkbox"/> Delete
NAME	ABDO JOHN E	
STREET ADDRESS	1350 NE 56TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVAN ALAN	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	

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: Paul-J. Hegener

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04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

ABDO, FRANK J. - DIRECTOR
1350 NE 56TH ST

FT. LAUDERDALE, FL 33334