

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G24306

1. Entity Name

ST. LUCIE RIVER MANAGEMENT, INC.

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

04-12-2000 90069 032 ***150.00

Principal Place of Business

Mailing Address

340 ROYAL POINCIANA WAY
SUITE 316
PALM BEACH FL 33480
US

340 ROYAL POINCIANA WAY
SUITE 316
PALM BEACH FL 33480-4096
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2268074**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, DONALD W.
340 ROYAL POINCIANA WAY
SUITE 316
PALM BEACH FL 33480

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

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, 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	SVAS	<input type="checkbox"/> Delete
NAME	CARSON, DONALD W	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BCH. FL 33480	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	FANJUL, ALFONSO	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	EVDT	<input type="checkbox"/> Delete
NAME	FANJUL, JOSE	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PLAM BCH FL 33480	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEL BUSTO, JORGE	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BAKER, DAVID	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 316	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donald W. Carson, Sr. Vice President 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)