

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 014 ***150.00

0350171 AV

DOCUMENT # G24306

1. Entity Name
ST. LUCIE RIVER MANAGEMENT, INC. ✓

Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 316 PALM BEACH FL 33480 US	Mailing Address 340 ROYAL POINCIANA WAY SUITE 316 PALM BEACH FL 33480 US
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2. Principal Place of Business One North Clematis St. Suite, Apt. #, etc. Suite 200	3. Mailing Address One North Clematis St. Suite, Apt. #, etc. Suite 200
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DO NOT WRITE IN THIS SPACE

City & State West Palm Beach, FL	City & State West Palm Beach, FL	4. FEI Number 59-2268074	Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country	Zip 33401	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARSON, DONALD W. 340 ROYAL POINCIANA WAY SUITE 316 PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) One North Clematis St. Suite 200 City West Palm Beach FL Zip Code 33401	
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	SVAS CARSON, DONALD W 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH. FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS Carson, Donald W. One North Clematis St., Ste 200 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FANJUL, ALFONSO 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Fanjul, Alfonso One North Clematis St., Ste 200 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDT FANJUL, JOSE 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDT Fanjul, Jose One North Clematis St., Ste 200 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEL BUSTO, JORGE 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Del Busto, Jorge One North Clematis St., Ste 200 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TABERNILLA, ARMANDO A 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Tabernilla, Armando A. One North Clematis St., Ste 200 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	West Palm Beach, FL 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Armando A. Tabernilla **3/4/02** **561-655-6303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CF2E034 (9/01)