

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26610

1. Entity Name

ST. LUCIE WEST REALTY, INC.

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

05-12-2000 90041 011 ***150.00

Principal Place of Business

1740 SW ST LUCIE W BLVD
PT ST LUCIE FL 34986
US

Mailing Address

1740 SW ST LUCIE W BLVD
PORT ST LUCIE FL 34986-2504
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1850 Fountainview Boulevard

3. Mailing Address

1850 Fountainview Boulevard

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0155399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEGENER, PAUL J
1740 SW ST LUCIE W BLVD
SUITE 3
PORT 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
ANDERSON, JAMES H
1740 SW ST LUCIE W BLVD
PORT ST LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GILBERT, GLEN R
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HEGENER, PAUL J
1740 SW ST LUCIE W BLVD
PORT ST. LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PAGE, DAVID C
1740 SW ST LUCIE W BLVD
PORT ST LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVAN, ALAN
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
ABDO, JOHN E
1350 NE 56TH ST
FT LAUDERDALE FL 33334 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1850 Fountainview Boulevard, Suite 201
Port St. Lucie, FL 34986

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1850 Fountainview Boulevard, Suite 201
Port St. Lucie, FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1850 Fountainview Boulevard, Suite 201
Port St. Lucie, FL 34986

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)