## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # L'79841** FIRST ST. LUCIE ASSOCIATES, INC. 01-29-2001 90030 022 \*\*\*150.00 Principal Place of Business Mailing Address C/O DAVID B. ZUGMAN C/O DAVID B. ZUGMAN 4875 NORTH FEDERAL HIGHWAY 4875 NORTH FEDERAL HIGHWAY (VD579 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0198972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZUGMAN, DAVID B. Street Address (P.O. Box Number is Not Acceptable) C/O HOCH, FREY & ZUGMAN 4875 NORTH FEDERAL HIGHWAY **FORT LAUDERDALE FL 33308** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE NAME NAME BACH, DAVID DAVI BACH COMMONWEACHH AVE STREET ADDRESS STREET ADDRESS 2400 S OCEAN DR. CAPSTAN 1-126 CITY-ST-ZİP CITY-ST-ZIP **HUTCHINSON IFL FL 34949** Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME HOCH, JOEL STREET ADDRESS STREET ADDRESS 4003 N.W. 23RD CIRCLE CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL** TITI F Delete TITLE Change ■ Addition NAME ZUGMAN, DAVID B. NAME STREET ADDRESS STREET ADDRESS 4875 NORTH FEDERAL HWY. CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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 attachn

SIGNATURE: