

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001312

1. Entity Name

440 EAST PORT ST. LUCIE, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:5

Principal Place of Business

822 SARNO ROAD, UNIT 3  
MELBOURNE FL 32935

Mailing Address

822 SARNO ROAD, UNIT 3  
MELBOURNE FL 32935-5028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3529113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERNBERG, DONALD

822 SARNO ROAD, UNIT 3  
MELBOURNE FL 32935

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

*Donald Sternberg MGR* *Donald Sternberg* 25 Jan 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME STERNBERG, DONALD  
STREET ADDRESS 822 SARNO ROAD, UNIT 3  
CITY- ST- ZIP MELBOURNE FL 32935

☐ Change ☐ Addition  
300003123183--7  
-02/03/00--01102--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME STERNBERG, MICHAEL  
STREET ADDRESS 822 SARNO ROAD, UNIT 3  
CITY- ST- ZIP MELBOURNE FL 32935

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Donald Sternberg MGR* *Donald Sternberg* 25 Jan 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

321 254-75