

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007871

1. Entity Name

ST. JOSEPH'S ISLAND AT GRAND HARBOR PROPERTY OWN

Principal Place of Business

3755 7TH TERRACE #301
VERO BEACH FL 32960

Mailing Address

3755 7TH TERRACE #301
VERO BEACH FL 32960

2. Principal Place of Business

4820 20th Avenue
Suite, Apt. #, etc.

3. Mailing Address

4820 20th Avenue
Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach, FL

4. FFL Number

05-106247D

Applied For

Not Applicable

Zip 32967

Country

Zip

32967

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORTH, ANNABEL
3755 7TH TERRACE #301
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Lisa A. Rule

Street Address (P.O. Box Number is Not Acceptable)

4820 20th Avenue

City

Vero Beach

FL

Zip

32967

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

Lisa A. Rule

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLITT, FRANK 3755 7TH TERRACE #301 VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORTH, ANNABEL 3755 7TH TERRACE #301 VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BYRNE, SUE 3755 7TH TERRACE #301 VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DST
Sammy Smith

Ms
Lisa A. Rule
4820 20th Avenue
Vero Beach, FL 32967

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa A. Rule

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(561) 778-5943

Daytime Phone #



DO NOT WRITE IN THIS SPACE

759088

CR2E037 (10/00)