

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01346

1. Entity Name

ST. LUCIE CLUB AND APARTMENT HOMES, BUILDING D.

Principal Place of Business

166 SE ST LUCIE BLVD
STUART FL 34996
US

Mailing Address

662 NE OCEAN BLVD
STUART FL 34996-1623
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2386351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAZMIER, TIMOTHY D.
662 NE OCEAN BLVD
STUART FL 34996

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME TAYLOR, SIDLEY
STREET ADDRESS 166 SE ST LUCIE #301
CITY-ST-ZIP STUART FL 34996

TITLE D ☐ Change ☒ Addition
NAME BASIL, SANDRA
STREET ADDRESS 166 SE ST LUCIE BLVD
CITY-ST-ZIP STUART, FL 34996

TITLE PD ☐ Delete
NAME LUKACS, THEODORE
STREET ADDRESS 166 SE ST LUCIE BLVD
CITY-ST-ZIP STUART FL 34996

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

TITLE TD ☐ Delete
NAME VOGT, JANE
STREET ADDRESS 166 SE ST. LUCIE #D205
CITY-ST-ZIP STUART FL 34996

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

TITLE D ☐ Delete
NAME LINDSEY, SARAH
STREET ADDRESS 166 SE ST LUCIE BLVD
CITY-ST-ZIP STUART FL

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

TITLE D ☐ Delete
NAME BAND, SIV
STREET ADDRESS 166 SE ST LUCIE BLVD
CITY-ST-ZIP STUART FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

561-223-8553

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE