

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0057001

**DOCUMENT # N01346**

1. Entity Name

**ST. LUCIE CLUB AND APARTMENT HOMES, BUILDING D, INC.**

04-10-2002 90359 012 \*\*\*\*\*61.25

Principal Place of Business <b>166 SE ST LUCIE BLVD STUART FL 34996 US</b>	Mailing Address <b>662 NE OCEAN BLVD STUART FL 34996 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2386351</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
TITLE NAME SD TAYLOR, SIDLEY STREET ADDRESS 166 SE ST LUCIE #301 CITY-ST-ZIP STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME PD LUKACS, THEODORE STREET ADDRESS 166 SE ST LUCIE BLVD CITY-ST-ZIP STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME TD VOGT, JANE STREET ADDRESS 166 SE ST. LUCIE #D205 CITY-ST-ZIP STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME D LINDSEY, SARAH STREET ADDRESS 166 SE ST LUCIE BLVD CITY-ST-ZIP STUART FL	<input type="checkbox"/> Delete
TITLE NAME D BAND, SIV STREET ADDRESS 166 SE ST LUCIE BLVD CITY-ST-ZIP STUART FL	<input type="checkbox"/> Delete
TITLE NAME D <del>BAGIE, CANDRA</del> STREET ADDRESS 166 SE ST. LUCIE BLVD. CITY-ST-ZIP STUART FL 34996	<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 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

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

*3/28/02* **223-8553**  
 Date Daytime Phone #

CR2E037 (9/01)