

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90063 035 ****61.25

DOCUMENT # N46207

1. Entity Name
ST. LUCIE RIVER INITIATIVE, INC.

Principal Place of Business

Mailing Address

**555 COLORADO AVE.
 SUITE 1
 STUART FL 34994
 US**

**P O BOX 2082
 STUART FL 34995
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0304205**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CRARY, LAWRENCE E., III
 555 COLORADO AVENUE
 STUART FL 34994**

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 *Lawrence E. Crary III*
 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 NAME	PD JORDAN, F.D.	<input type="checkbox"/> Delete
STREET ADDRESS	12 CASTLE HILL WAY	
CITY-ST-ZIP	STUART FL 34946	
TITLE NAME	D CARLSON, LESLIE	<input type="checkbox"/> Delete
STREET ADDRESS	1650 S KANNER HWY #201	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	STD CRARY, LAWRENCE E., III	<input type="checkbox"/> Delete
STREET ADDRESS	555 COLORADO AVE.	
CITY-ST-ZIP	STUART FL	
TITLE NAME	D KINANE, TIMOTHY J	<input type="checkbox"/> Delete
STREET ADDRESS	310 DENVER AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	D KELLY, MATT	<input type="checkbox"/> Delete
STREET ADDRESS	530 SE ST LUCIE BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	D QUACKENBOS, MAX	<input type="checkbox"/> Delete
STREET ADDRESS	1778 NW PALMETTO TERRACE	
CITY-ST-ZIP	STUART FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D CARLSON, LESLIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	900 SE OCEAN BLVD, STE. 232	
CITY-ST-ZIP	STUART, FL 34994	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lawrence E. Crary III* **Lawrence E. Crary III, Sec.** Date **01/16/02** Daytime Phone # **(561) 287-2600**

CFR2E037 (9/01)