

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005721

1. Entity Name

SOUTHBEND RESIDENTS ASSOCIATION, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90079 021 \*\*\*\*61.25

Principal Place of Business <b>POST OFFICE BOX 7506 PORT ST. LUCIE FL 34985-7506</b>	Mailing Address <b>POST OFFICE BOX 7506 PORT ST. LUCIE FL 34985-7506</b>
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00039780



DO NOT WRITE IN THIS SPACE

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 <b>65-0784154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FASULA, GREGORY G 2500 S.E. MIDPORT ROAD SUITE 269 PORT ST. LUCIE FL 34952</b>	7. Name and Address of New Registered Agent Name <b>Gregory G. Fasula</b> Street Address (P.O. Box Number is Not Acceptable) <b>1680 SW Bayshore Boulevard</b> <b>Suite 107</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34984</b>
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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 *Gregory G. Fasula* *3-13-00*  
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 STREET ADDRESS CITY-ST-ZIP	<b>D MASTERS, GUY 602 SE DEAN TERRACE PORT ST. LUCIE FL 34984</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RETTIG, RALPH 2728 SE EAGLE DR PORT ST. LUCIE FL 34984</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SOLDEVILLA, DIANNE 2851 SE PACE DR PORT ST. LUCIE FL 34984</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RUSS, KEN 3335 SE EAST SNOW RD PORT ST. LUCIE FL 34984</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRAMMER, ARLENE 335 SE FISK ROAD PORT ST. LUCIE FL 34984</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEPHENS, JOE 675 SE STOW TERRACE PORT ST. LUCIE FL 34984</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD AL RODMAN 532 SE CLIFF RD. PORT ST. LUCIE, FL 34984</b>	
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JEFF MACK 3316 E. SNOW RD PORT ST. LUCIE, FL 34984</b>	

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: *Gregory G. Fasula* *3.5.2000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #