

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000005452**

1. Entity Name

**ST. LUCIE RIVER LEGAL DEFENSE FUND, INC.****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90068 003 \*\*\*\*61.25

0056714

Principal Place of Business	Mailing Address
555 COLORADO AVENUE STUART FL 34994	555 COLORADO AVENUE STUART FL 34994

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0864820**

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

**CRARY, LAWRENCE E  
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

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	PD	<input type="checkbox"/> Delete
NAME	GUY, WILLIAM E JR.	
STREET ADDRESS	55 EAST OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34994	

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

TITLE	VOD	<input type="checkbox"/> Delete
NAME	MAITLAND, ROBERT N II	
STREET ADDRESS	2081 E. OCEAN BLVD., 2ND FLOOR	
CITY-ST-ZIP	STUART FL 34996	

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

TITLE	TSD	<input type="checkbox"/> Delete
NAME	LAWRENCE, CRARY E 111	
STREET ADDRESS	2081 E OCEAN BLVD 2ND FLOOR	
CITY-ST-ZIP	STUART FL 34994	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, KEVIN	
STREET ADDRESS	300 N COLORADO AVENUE	
CITY-ST-ZIP	STUART FL 34994	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, MARK	
STREET ADDRESS	301 SE MACARTHUR BLVD	
CITY-ST-ZIP	STUART FL 34996	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lawrence E. Crary III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Lawrence E. Crary III/Treasurer & Secretary (561) 287-2600**

CR2E037 (9/01)