

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90152 014 ****70.00

DOCUMENT # N99000001888

1. Entity Name

NAMI ST. LUCIE COUNTY, INC.

Principal Place of Business

Mailing Address

P O BOX 3372
 FT PIERCE FL 34948

P O BOX 3372
 FT PIERCE FL 34948-3372

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

☒ 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

WALKER, JOAN
1439 CAPTAINS WALK
FT PIERCE FL 34950

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **P.D.** ☐ Change ☒ Addition
 NAME **JOAN WALKER**
 STREET ADDRESS **1439 D CAPTAINS WALK**
 CITY-ST-ZIP **FT PIERCE FL 34950**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **D.V.P.** ☐ Change ☒ Addition
 NAME **GERAY ROTH**
 STREET ADDRESS **501 S.E. BROOKSIDE TERR**
 CITY-ST-ZIP **PT ST LUCIE FL 34983**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **D.S.** ☐ Change ☒ Addition
 NAME **NANCY SWANSON**
 STREET ADDRESS **1111 PASEO AVE**
 CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **D.T.** ☐ Change ☒ Addition
 NAME **HICKIE GENTILQUORE**
 STREET ADDRESS **1781 S.W. COCHRAN ST**
 CITY-ST-ZIP **PT ST LUCIE FL 34963**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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: **JOAN WALKER PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 (561) 466-5490

CR2E037 (9/99)