

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000088212**

1. Entity Name  
**ST. LUCIE FARMS, INC.**

Principal Place of Business 200 EAST BROWARD BOULEVARD 15TH FLOOR FORT LAUDERDALE 33301 FL	Mailing Address 200 EAST BROWARD BOULEVARD 15TH FLOOR FORT LAUDERDALE 33301 FL
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2. Principal Place of Business 1850 FOUNTAINVIEW BLVD.	3. Mailing Address 1850 FOUNTAINVIEW BLVD.
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Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
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City & State PORT ST. LUCIE FL	City & State PORT ST. LUCIE FL
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Zip 34986	Country	Zip 34986	Country
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4. FEI Number <b>65-0830948</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SOMERSTEIN BARRY E  
 200 EAST BROWARD BOULEVARD  
 15TH FLOOR  
 FORT LAUDERDALE FL  
 33301

**7. Name and Address of New Registered Agent**

Name  
**HEGENER PAUL J**

Street Address (P.O. Box Number is Not Acceptable)  
 1850 FOUNTAINVIEW BLVD.  
 SUITE 201

City  
 PORT ST. LUCIE **FL** Zip Code  
 34986

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 **PAUL J. HEGENER**

**04/26/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZBORIL JAMES L 1850 FOUNTAINVIEW BLVD, SUITE 201 PORT ST. LUCIE FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAGE DAVID C 1850 FOUNTAINVIEW BLVD, SUITE 201 PORT ST. LUCIE FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ANDERSON JAMES H 1850 FOUNTAINVIEW BLVD, SUITE 201 PORT ST. LUCIE FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GILBERT GLEN R 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEGENER PAUL J 1850 FOUNTAINVIEW BLVD, SUITE 201 PORT ST. LUCIE FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ABDO JOHN E 1350 NE 56TH ST FT. LAUDERDALE FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul J. Hegener**

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04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)