

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90080 027 ***150.00

DOCUMENT # P01000065792

1. Entity Name
SOUTHPOINT PROPERTIES OF THE TREASURE COAST, INC

Principal Place of Business
**541 NORTH CAROLINA DRIVE
 STUART FL 34994**

Mailing Address
**541 NORTH CAROLINA DRIVE
 STUART FL 34994**

2. Principal Place of Business
**500 NW Dixie Hwy
 Suite, Apt. #, etc.
 Suite 104**

3. Mailing Address
**500 NW Dixie Hwy
 Suite, Apt. #, etc.
 Suite 104**

City & State
Stuart, FL

City & State
Stuart, FL

4. FEI Number
65-1118304

Applied For
 Not Applicable

Zip
34994

Country
USA

Zip
34994

Country
USA

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

6. Name and Address of Current Registered Agent

**TWOHEY, CHRISTOPHER J ESQ.
 312 DENVER AVENUE
 STUART FL 34994**

7. Name and Address of New Registered Agent

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 *David B. Derrenbacher*
 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, 2002 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 **D** ☒ Delete
 NAME **POIRIER, ERIC Y**
 STREET ADDRESS **1342 SEAHAWK WAY**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
 NAME **DERRENBACHER, DAVID B**
 STREET ADDRESS **541 NORTH CAROLINA DRIVE**
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Derrenbacher
 1/29/02 561-692-1133
 Date Daytime Phone #

CR2E034 (9/01)