

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90035 023 \*\*\*150.00

DOCUMENT # **P01000101322**

1. Entity Name  
**Island Palms REAL ESTATE of VERO BEACH, INC**  
**524 21st Street**  
**Vero Beach, Florida 32960**

**DO NOT WRITE IN THIS SPACE**

**823220**

2. Principal Place of Business  
**524 21st Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**524 21st Street**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Vero Beach, Florida**  
Zip  
**32960**  
Country  
**USA**

City & State  
**Vero Beach, Florida**  
Zip  
**32960**  
Country  
**USA**

4. FEI Number  
**65-1144804**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
**Segal, BARRY G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2801 Ocean Drive Ste 204**  
City  
**Vero Beach** **FL** Zip Code  
**32963**

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 \_\_\_\_\_

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
**D Susan Ann Scotti**  
**524 21st Street**  
**Vero Beach, Florida 32960**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Deborah Bell**  
**524 21st Street**  
**Vero Beach, Florida 32960**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan Ann Scotti**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-7-2002** Daytime Phone # **561-299-1711**

CR2E034B (12/01)