

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 8:00 am**
Secretary of State

04-06-2001 90053 009 ***150.00

DOCUMENT # P94000091206

1. Entity Name

ST. LUCIE GENERAL, INC.

Principal Place of Business

**21301 POWERLINE RD
SUITE 312
BOCA RATON FL 33433
US**

Mailing Address

**5410 HOMBERG DR
SUITE A
KNOXVILLE TN 37919
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 11229

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3287761**

Applied For

Not Applicable

Zip

Country

Zip

Country

379395. 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

**WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD									
	LEVIN, RICHARD	1733 WEST FLETCHER AVENUE	TAMPA FL 33612							
	VSD									
	RICE, SUZANNE L	1733 W. FLETCHER AVENUE	TAMPA FL 33612							
	VSD									
	LEVIN, STEVEN	21301 POWERLINE ROAD SUITE #312	BOCA RATON FL 33433							
	T									
	LEVIN, JILL	5410 HOMBERG DR STE A	KNOXVILLE TN 37919							

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:

Jill Levin, Treasurer

1/23/01

865-584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)