

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066543

1. Entity Name

SAWGRASS LAKES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90069 032 ***150.00

Principal Place of Business

Mailing Address

3315 PERIMETER ROAD
PALM CITY FL 34990

3315 PERIMETER ROAD
PALM CITY FL 34953-8206
US

2. Principal Place of Business

3. Mailing Address

290 SW Panther Trace
Suite, Apt. #, etc.

290 SW Panther Trace
Suite, Apt. #, etc.

City & State

City & State

Palm St. Lucie Fla

Palm St. Lucie Fla

Zip 34953

Country

Zip 34953

Country

4. FEI Number

59-3331122

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

PERRY, STEVEN L.
2081 E OCEAN BLVD
2ND FLOOR
STUART FL 34990

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SOVEREL, MARK	
STREET ADDRESS	3315 PERIMETER ROAD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOVEREL, BRET	
STREET ADDRESS	3315 PERIMETER RD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	290 SW Panther Trace	
CITY-ST-ZIP	Pt St. Lucie Fla 34953	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	290 SW Panther Trace	
CITY-ST-ZIP	Pt St. Lucie Fla 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/10/00 561-879-1000

CR2E034 (9/99)