

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030774

1. Entity Name

FORT PIERCE INVESTORS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90014 004 ***150.00

Principal Place of Business

Mailing Address

603 N INDIAN RIVER DR
STE 300
FORT PIERCE FL 34950

603 N INDIAN RIVER DR
STE 300
FORT PIERCE FL 34950-3057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0677825

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

FOGAL, CHRISTOPHER E
603 N INDIAN RIVER DR
STE 300
FORT PIERCE FL 34950

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 ☐ Delete
NAME LEE, LARRY JR
STREET ADDRESS 2209 SOUTH 25TH STREET #200
CITY-ST-ZIP FORT PIERCE FL 34947

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

TITLE D ☐ Delete
NAME FINNEY, LINNES
STREET ADDRESS 320 SOUTH INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34948-3990

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

TITLE D ☐ Delete
NAME NEILL, RICHARD V
STREET ADDRESS 311 S 2ND ST
CITY-ST-ZIP FORT PIERCE FL 34950

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

TITLE DVP ☐ Delete
NAME JACQUIN, PAUL
STREET ADDRESS 7348 COMMERCIAL CIR.
CITY-ST-ZIP FORT PIERCE FL

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

TITLE DT ☐ Delete
NAME FOGAL, CHRISTOPHER
STREET ADDRESS 603 N INDIAN RIVER DR STE 300
CITY-ST-ZIP FORT PIERCE FL 34950

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

TITLE D ☐ Delete
NAME MANCINI, ELLEN
STREET ADDRESS PO BOX 3744
CITY-ST-ZIP FT PIERCE FL 34948

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

Date

Daytime Phone #

2-16-00 561-461-5511

CR2E034 (9/99)