

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055365

1. Entity Name

ST. LUCIE ARCADE COMPANY

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90059 011 ***150.00

Principal Place of Business

7145 S. U.S. HIGHWAY ONE
PORT ST LUCIE FL 34952
US

Mailing Address

7446 S. U.S. HIGHWAY ONE
PORT ST LUCIE FL 34952-1417

2. Principal Place of Business

7137 S.O.S. HIGHWAY 1

Suite, Apt. #, etc.

PORT ST. LUCIE, FL

City & State

3. Mailing Address

7135 S. U.S. HIGHWAY 1

Suite, Apt. #, etc.

PORT ST. LUCIE, FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0679652

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

TRESOR CORPORATION
7446 S. U.S. HIGHWAY ONE
PORT ST LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

7135 S. U.S. ~~HWY~~ HIGHWAY 1

City

PORT ST. LUCIE

FL

Zip Code

34952

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

Ralph Chapin RALPH CHAPIN, TREASURER

6 APR '00

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	TD	<input type="checkbox"/> Delete
NAME	CHAPLIN, RALPH	
STREET ADDRESS	7141 SOUTH US ONE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	PS	<input type="checkbox"/> Delete
NAME	CAHPLIN, GABRIELE O	
STREET ADDRESS	7141 SOUTH US ONE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Ralph Chapin RALPH CHAPIN, TREASURER

6 APR 00

561-340-0477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)