

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022631

1. Entity Name

PORT ST. LUCIE LAND DEVELOPMENT COMPANY, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90010 045 ***150.00

Principal Place of Business	Mailing Address
1918 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984	1918 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952-5514

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0808245	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAMP, MARTIN F ESQ. 940 HIGHLAND AVENUE ORLANDO FL 32802	Name: LEONARD P BOGDAN JR Street Address (P.O. Box Number is Not Acceptable): 1918 PORT ST LUCIE BLVD 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: *Leonard P Bogdan Jr* LEONARD P BOGDAN JR PRES 4-1-00
(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: PSD NAME: BOGDAN, LEONARD P JR STREET ADDRESS: 1918 PORT ST. LUCIE BLVD. CITY-ST-ZIP: PORT ST. LUCIE FL 34984	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: BRANT, JOHN STREET ADDRESS: 729 S. FEDERAL HIGHWAY, STE. 210 CITY-ST-ZIP: STUART FL 34994	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leonard P Bogdan Jr* LEONARD P BOGDAN JR PRES 4-1-00 561-337-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)