

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068138

1. Entity Name

POINTE WEST OF VERO BEACH, INC.

Principal Place of Business

4445 A1A STE. 250  
VERO BEACH FL 32963

Mailing Address

4445 A1A STE. 250  
VERO BEACH FL 32963-1312

2. Principal Place of Business

1999 POINTE WEST DR.

3. Mailing Address

1999 POINTE WEST DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip 32966

Country USA

Zip 32966

Country USA

4. FEI Number

65-0785063 APPLIED FOR

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BLOCK, SAMUEL A  
2127 TENTH AVENUE  
VERO BEACH FL 32960

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

TITLE DP  
NAME MECHLING, CHARLES  
STREET ADDRESS 4445 A1A STE. 250  
CITY-ST-ZIP VERO BEACH FL 32963

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME MECHLING, CHARLES  
STREET ADDRESS 1999 POINTE WEST DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32966

Change  Addition

TITLE STD  
NAME JONES, THOMAS  
STREET ADDRESS 44445 A-1-A STE 250  
CITY-ST-ZIP VERO BCH FL 3296

Delete

TITLE STD  
NAME JONES, THOMAS  
STREET ADDRESS 1999 POINTE WEST DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32966

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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

CHARLES MECHLING

FILED  
May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90366 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)