

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068138

1. Entity Name

POINTE WEST OF VERO BEACH, INC.

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

05-11-2000 90366 001 ***300.00

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.

Suite, Apt. #, etc.

3. Mailing Address

1999 POINTE WEST DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

APPLIED FOR

65-0785063

Applied For

Not Applicable

Zip

32966

Country

USA

Zip

32966

Country

USA

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 4445 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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES MECHLING 4/30/00 561 794-9912

CR2E034 (9/99)