2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000028645** May 22, 2000 8:00 am Secretary of State 1. Entity Name ST. LUCIE FARMS, INC. 05-22-2000 90040 035 ***150.00 Mailing Address Principal Place of Business 1750 E SUNRISE BLVD 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304-3013 FORT LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0830948 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GILBERT, GLEN R FURMAN, JACK A Street Address (P.O. Box Number is Not Acceptable) 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304 1750 EAST SUNRISE BLVD City ^{Zip}33304 FT LAUDERDALE 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 GLEN R. GILBERT Executive Vice President NOTE Registered Agent signature required when reinstating) Signature, type FILE NOW!!! FEE IS \$150.00 9. This corporation is rigible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE D/C Delete TITLE ABDO, JOHN E NAME NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 Change ☐ Addition ☐ Delete TITLE TITLE GILBERT, GLEN NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 Paul J. Hegener Delete TITLE TITLE LEVAN, JARETT S NAME NAME 1850 Fountain view Blude Ste 201 STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD Port St. Lucie - FL - 34986 CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Delete TITLE TITLE James H. Anderson 1850 Fountainview Blud. - Ste 201 NAME STREET ADDRESS STREET ADDRESS Port St. Lucie - Fe- 34986 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE David Page 1850 Fountainview Blud. - Ste 201 NAME NAME STREET ADDRESS STREET ADDRESS Port St. Lucie - FL - 34986 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE TITLE James L. Zboril NAME NAME 1850 Fountain VIEW Blud - Ste 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

GLEN R. GILBERT
Executive Vice President

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR