

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

04-30-2001 90329 010 ***150.00

DOCUMENT # P98000028645

1. Entity Name
ST. LUCIE FARMS, INC.

Principal Place of Business 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304	Mailing Address 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0830948		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FURMAN, JACK A 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304				Name Glen R. Gilbert			
				Street Address (P.O. Box Number is Not Acceptable) 1750 E. SUNRISE BLVD., 3RD FLOOR			
				City FT. LAUDERDALE, FL 33304			
				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]* **GLEN R. GILBERT**
 Executive Vice President **5/15/2001**
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 requirements and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete	TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDO, JOHN E		NAME		
STREET ADDRESS	1750 EAST SUNRISE BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, GLEN		NAME		
STREET ADDRESS	1750 EAST SUNRISE BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVAN, JARETT S		NAME	Paul Hegeger	
STREET ADDRESS	1750 EAST SUNRISE BLVD		STREET ADDRESS	1850 Fountainview Blvd, Ste 201	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Delete	TITLE	VTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	James H. Anderson	
STREET ADDRESS			STREET ADDRESS	1850 Fountainview Blvd, Ste 201	
CITY-ST-ZIP			CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	David Page	
STREET ADDRESS			STREET ADDRESS	1850 Fountainview Blvd, Ste 201	
CITY-ST-ZIP			CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	James L. Eboril	
STREET ADDRESS			STREET ADDRESS	1850 Fountainview Blvd Ste 201	
CITY-ST-ZIP			CITY-ST-ZIP	Port St. Lucie, FL 34986	

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]* **GLEN R. GILBERT**
 Executive Vice President **4/16/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)