

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-12-2000 90069 032 ***150.00

DOCUMENT # G24306

1. Entity Name
ST. LUCIE RIVER MANAGEMENT, INC.

Principal Place of Business Mailing Address
340 ROYAL POINCIANA WAY **340 ROYAL POINCIANA WAY**
SUITE 316 **SUITE 316**
PALM BEACH FL 33480 **PALM BEACH FL 33480-4096**
US **US**

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2268074** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

CARSON, DONALD W.
340 ROYAL POINCIANA WAY
SUITE 316
PALM BEACH FL 33480

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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: SVAS NAME: CARSON, DONALD W. STREET ADDRESS: 340 ROYAL POINCIANA WAY, SUITE 316 CITY-ST-ZIP: PALM BCH. FL 33480 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DPS NAME: FANJUL, ALFONSO STREET ADDRESS: 340 ROYAL POINCIANA WAY, SUITE 316 CITY-ST-ZIP: PALM BCH FL 33480 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EVDT NAME: FANJUL, JOSE STREET ADDRESS: 340 ROYAL POINCIANA WAY, SUITE 316 CITY-ST-ZIP: PLAM BCH FL 33480 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: DEL BUSTO, JORGE STREET ADDRESS: 340 ROYAL POINCIANA WAY, SUITE 316 CITY-ST-ZIP: PALM BCH FL 33480 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: BAKER, DAVID STREET ADDRESS: 340 ROYAL POINCIANA WAY, SUITE 316 CITY-ST-ZIP: PALM BCH FL 33480 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: Donald W. Carson, Sr. Date: 3/8/00 Daytime Phone #: 561-655-6303

CR2E034 (9/99)