

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90015 014 \*\*\*150.00

0350171 AV

**DOCUMENT # G24306**

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

Principal Place of Business <b>340 ROYAL POINCIANA WAY          SUITE 316          PALM BEACH FL 33480          US</b>	Mailing Address <b>340 ROYAL POINCIANA WAY          SUITE 316          PALM BEACH FL 33480          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>One North Clematis St.</b> Suite, Apt. #, etc. <b>Suite 200</b>	3. Mailing Address <b>One North Clematis St.</b> Suite, Apt. #, etc. <b>Suite 200</b>
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City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>	4. FEI Number <b>59-2268074</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33401</b>	Country	Zip <b>33401</b>	Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
**Same**

Street Address (P.O. Box Number is Not Acceptable)  
**One North Clematis St.**

**Suite 200**

City  
**West Palm Beach**

State  
**FL**

Zip Code  
**33401**

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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SVAS CARSON, DONALD W 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH. FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS FANJUL, ALFONSO 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVDT FANJUL, JOSE 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS DEL BUSTO, JORGE 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TABERNILLA, ARMANDO A 340 ROYAL POINCIANA WAY, SUITE 316 PALM BCH FL 33480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVAS Carson, Donald W. One North Clematis St., Ste 200 West Palm Beach, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS Fanjul, Alfonso One North Clematis St., Ste 200 West Palm Beach, FL 33401</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVDT Fanjul, Jose One North Clematis St., Ste 200 West Palm Beach, FL 33401</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Del Busto, Jorge One North Clematis St., Ste 200 West Palm Beach, FL 33401</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Tabernilla, Armando A. One North Clematis St., Ste 200 West Palm Beach, FL 33401</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	<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:** Armando A. Tabernilla **3/4/02** **561-655-6303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CF2E034 (9/01)