

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90186 037 ****61.25

DOCUMENT # 732095

1. Entity Name

THE HOBE SOUND NATURE CENTER, INC.



Principal Place of Business

**13640 SE FEDERAL HWY
PO BOX 214
HOBE SOUND FL 33475
US**

Mailing Address

**1364 S FEDERAL HWY
PO BOX 214
HOBE SOUND FL 33475**

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 **59-1644398**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSTON, MICKEY
11850 SE OLD DIXIE HWY
HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name

SMITH, RICHARD E.

Street Address (P.O. Box Number is Not Acceptable)

11850 SE DIXIE HWY

City

Hobe Sound

FL

Zip Code

33455

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD E DR.	
STREET ADDRESS	11850 SE. DIXIE HWY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUTTLE, MRS. PHILLIP	
STREET ADDRESS	SOUTH BEACH RD	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, MRS JACKSON	
STREET ADDRESS	411 S BEACH RD	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, BETSY	
STREET ADDRESS	133 GOMEZ ROAD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, J MICKEY	
STREET ADDRESS	11850 SE OLD DIXIE HWY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANNIBALI, MALI	
STREET ADDRESS	112 N BEACH RD	
CITY-ST-ZIP	HOBE SOUND FL	

TITLE	McIVER, ROSIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10621 Jupiter Narrows Dr.	
STREET ADDRESS	Hobe Sound, FL 33455	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/3/03

CR2E037 (10/02)