

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743767

1. Entity Name

MARTIN COUNTY SPORTSMEN'S ASSOCIATION, INC.



**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90101 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 1306  
 STUART FL 34995-1306

P.O. BOX 1306  
 STUART FL 34995-1306

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

59-1896462

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, GLEN G  
 11725 SW MEADOWLARK CR  
 STUART FL 34997

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

**FILE NOW: FEE IS \$61.25**  
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNARD, RONALD	
STREET ADDRESS	3289 NE HOLLYCREEK DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANTELME, JAMES H	
STREET ADDRESS	2141 SW PERRY TERRACE	
CITY-ST-ZIP	STURAT FL 34997	
TITLE	ED	<input type="checkbox"/> Delete
NAME	HARPER, DAVID HON	
STREET ADDRESS	100 E OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34995	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEBASTIAN, HELEN	
STREET ADDRESS	3499 NE LINDA DR	
CITY-ST-ZIP	JENSEN-BCH-FL-34957	
TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	SEBASTIAN, JAMES	
STREET ADDRESS	3499 NE LINDA DR.	
CITY-ST-ZIP	JENSEN BCH. 34957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUBIN, GLEN G	
STREET ADDRESS	11725 SW MEADOWLARK CR	
CITY-ST-ZIP	STUART FL 34997	

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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold GOLD	
STREET ADDRESS	1810 SW Crane Creek Dr	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles W. Hadden	
STREET ADDRESS	PO BOX 1306	
CITY-ST-ZIP	Stuart, FL 34995	
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: Ronald Bernard  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-00  
 Date Daytime Phone #

CR2E037 (5/00)