

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90166 004 \*\*\*\*61.25

**DOCUMENT # 764475**

1. Entity Name

**THE VILLAGE OF STUART ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 2757  
STUART FL 34995  
US

Mailing Address

P.O. BOX 2757  
STUART FL 34995  
US

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

**59-2235872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, ELLEN C**  
**611 SO. FEDERAL HIGHWAY**  
**SUITE C.**  
**STUART FL 34994**

7. Name and Address of New Registered Agent

Name

**Robert A. Burson, P.A.**

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

**310 West First Street**

City

**Stuart**

**FL**

Zip Code  
**34994**

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

*Robert A. Burson* pres. of Robert A. Burson PA

**1-09-01**

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**

**ROBERT A. BURSON**

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

TITLE **VPD** ☒ Delete  
NAME **WADE, HOWARD**  
STREET ADDRESS **3266 SE ASTER LANE H148**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** ☒ Delete  
NAME **JOHNSON, RICHARD**  
STREET ADDRESS **3290 SE ASTER LANE #160**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **STD** ☒ Delete  
NAME **CECALA, GERALDINE**  
STREET ADDRESS **3238 SE ASTER LANE K133**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☒ Delete  
NAME **SHERIDAN, SANDRA**  
STREET ADDRESS **3290 SE ASTER LANE K258**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete  
NAME **YOUNG, RICHARD**  
STREET ADDRESS **3254 SE ASTER LANE J138**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Hobart, Thomas**  
STREET ADDRESS **3230 SE Aster Lane #N222**  
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Ahles, Walter**  
STREET ADDRESS **402 SW St. Lucie St.**  
CITY-ST-ZIP **Stuart, FL 34997**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Ruka, Margaret**  
STREET ADDRESS **3218 SE Aster Lane #P114**  
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **D** ☐ Change ☒ Addition  
NAME **Placey, Lala**  
STREET ADDRESS **75 Burbank Drive**  
CITY-ST-ZIP **Snyder, NY 14424**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Thomas Hobart* (Burson)

Thomas Hobart

**1-26-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)