

2000 UNIFORM BUSINESS REPORT (UBR)

3/6

FILED
May 08, 2000 8:00 am
Secretary of State

03-06-2000 90117 005 ****61.25

DOCUMENT # N14501
 1. Entity Name
HOBE SOUND NATURE CENTER FOUNDATION, INC.

| | |
|--|---|
| Principal Place of Business C/O FREDERICK G. SUNDHEIM, JR. PO BOX 214 HOBE SOUND FL 33475 | Mailing Address C/O FREDERICK G. SUNDHEIM, JR. PO BOX 214 HOBE SOUND FL 33475-0214 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

| | | |
|------------------------------------|---|---|
| 4. FEI Number 65-0050653 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent
MICKEY J JONSTON
11850 SW OLD DIXIE HWY
PO DRAWER 88
HOBE SOUND FL 33455

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 *Mickey Johnston* DATE 3.2.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | KIRBY, ELIZABETH W. | |
| STREET ADDRESS | CENTERRA COURT POB 1267 | |
| CITY-ST-ZIP | PEBBLE BCH CA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSTON, MICKEY J | |
| STREET ADDRESS | 11850 SE OLD DIXIE HWY | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NUTTLE, MARGARET | |
| STREET ADDRESS | RETURN PT., ROUTE 4 | |
| CITY-ST-ZIP | EASTON MD | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURKE, MARY | |
| STREET ADDRESS | 145 CENTRE ISLAND RD. | |
| CITY-ST-ZIP | OYSTER BAY NY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALKER, LOUISE | |
| STREET ADDRESS | PO BOX 211 NA | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | JOHNSTON, BETSY | |
| STREET ADDRESS | 133 GOMEZ RD | |
| CITY-ST-ZIP | HOBE SOUND FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | <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** *Mickey Johnston* ⁽⁵⁶¹⁾ 4/21/00 546-2067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)