

# 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

Mailing Address

C/O FREDERICK G. SUNDHEIM, JR.  
PO BOX 214  
HOBE SOUND FL 33475

C/O FREDERICK G. SUNDHEIM, JR.  
PO BOX 214  
HOBE SOUND FL 33475-0214

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

**65-0050653**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICKEY J JONSTON**  
**11850 SW OLD DIXIE HWY**  
**PO DRAWER 86**  
**HOBE SOUND FL 33455**

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**

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	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mickey Johnston* 4/21/00 546-2067  
Date Daytime Phone #

CR2E037 (9/99)