

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42576

1. Entity Name

BOYS AND GIRLS CLUB OF MARTIN COUNTY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90161 024 ****70.00

Principal Place of Business

11500 SE LARES AVE
HOBE SOUND FL 33455
US

Mailing Address

P.O. BOX 910
HOBE SOUND FL 33475-0910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0253002

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LYONS, DANIEL
11500 SE LARES AVE
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete
NAME COLE, MARGARET
STREET ADDRESS 208 SOUTH BEACH RD
CITY-ST-ZIP HOBE SOUND FL

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

TITLE DT ☐ Delete
NAME FISHER, MELISSA
STREET ADDRESS 900 S FEDERAL HWY
CITY-ST-ZIP STUART FL

TITLE ☐ Change ☒ Addition
NAME D/S/T
STREET ADDRESS MASSING, LISA
CITY-ST-ZIP 7000 SE FEDERAL HWY.
STUART, FL 34997

TITLE DC ☐ Delete
NAME CLARK, HAYS
STREET ADDRESS 150 GOMEZ RD
CITY-ST-ZIP HOBE SOUND FL

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

TITLE DVP ☐ Delete
NAME WITSELL, FREDERICK JR.
STREET ADDRESS 7029 SE GULFHOUSE DR
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE DP ☐ Delete
NAME WAGNER, JOANNE
STREET ADDRESS 7030 SE GOLFHOUSE DRIVE
CITY-ST-ZIP HOBE SOUND FL

TITLE ☒ Change ☐ Addition
NAME PO Box 1997
STREET ADDRESS HOBE SOUND, FL 33475
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME FILLHABER, ROBERT
STREET ADDRESS 1100 SE ST. LUCIE BLVD W. #103
CITY-ST-ZIP PT. ST. LUCIE FL 34986

TITLE ☒ Change ☐ Addition
NAME 5034 SW MELROSE CT.
STREET ADDRESS PALM CITY, FL 34990
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: JOANNE WAGNER, PRES. 3-13-00 561-545-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)