

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90002 026 ****61.25

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DOCUMENT # N99000003323	
1. Entity Name SAILFISH POINT FOUNDATION, INC.	
Principal Place of Business 2203 SE SAILFISH POINT BLVD. STUART FL 34996	Mailing Address 2203 SE SAILFISH POINT BLVD. STUART FL 34996
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
6. Name and Address of Current Registered Agent CORNETT, JANE L 401 E. OSCEOLA ST., FIRST FLOOR RIVER OAK CENTER STUART FL 34994	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	



DO NOT WRITE IN THIS SPACE

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, DAVID M	NAME	Vice President & Dir John Reardon
STREET ADDRESS	2203 SE SAILFISH POINT BLVD	STREET ADDRESS	6559 S.E. South Maruca way
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	STUART, FL 34996
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKESSY, STEVE	NAME	Treasurer & Dir Bruce Edcloup
STREET ADDRESS	2804 SE DUNE DR., #1210	STREET ADDRESS	6845 S.E. North Maruca way
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	STUART, FL 34996
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAULEY, RONALD R	NAME	Secretary & Dir Richard Zernich
STREET ADDRESS	2808 SE DUNE DR., #1205	STREET ADDRESS	3005 S.E. Dune Dr.
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	STUART, FL 34996
TITLE	D - President & Dir	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINO, RAYMOND	NAME	Leana Everett - Dir.
STREET ADDRESS	3057 SE DUNE DR.	STREET ADDRESS	6974 S.E. Harbor C.F.
CITY-ST-ZIP	STURT FL 34996	CITY-ST-ZIP	STUART, FL 34996
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael Yocum - Dir.
STREET ADDRESS		STREET ADDRESS	7038 S.E. Harbor Cir.
CITY-ST-ZIP		CITY-ST-ZIP	STUART, FL 34996
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Money Parlier - Dir.
STREET ADDRESS		STREET ADDRESS	6450 S.E. South Maruca way
CITY-ST-ZIP		CITY-ST-ZIP	STUART, FL 34996

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: *Raymond R. Martino, Pres. 7/17/01-361-3349612*

CR2E037 (5/01)