

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93597 008 \*\*\*\*61.25

DOCUMENT # N99-0000003323  
1. Entity Name  
SAILFISH POINT FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2201 SAILFISH POINT BLVD  
Suite, Apt. #, etc. \_\_\_\_\_

3. Mailing Address  
same  
Suite, Apt. #, etc. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

City & State  
Stuart, FL

City & State  
\_\_\_\_\_  
Zip  
34996 Country  
USA

4. FEI Number  
65-0978271 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Michael Yocom  
Street Address (P.O. Box Number is Not Acceptable)  
7038 S.E. Harbor Circle  
City Stuart FL Zip Code 34996

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 Michael S. Yocom MICHAEL S. YOCOM 5-11-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>President</u><br><u>Michael Yocom</u><br><u>7038 S.E. Harbor Circle</u><br><u>Stuart, FL 34996</u>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>Vice Pres.</u><br><u>Raymond Martini</u><br><u>3057 S.E. Dune Dr.</u><br><u>Stuart, FL 34996</u>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>Trchs.</u><br><u>John Kelleher</u><br><u>6969 S.E. Harbor Circle</u><br><u>Stuart, FL 34996</u>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>Sec.</u><br><u>Shirley Zemenick</u><br><u>3005 S.E. Dune Dr.</u><br><u>Stuart, FL 34996</u>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>Director</u><br><u>Bruce Edelcamp</u><br><u>6845 S.E. North Macinal Way</u><br><u>Stuart, FL 34996</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>George Tolley - Director</u><br><u>6760 S.E. Harbor Cir.</u><br><u>Stuart, FL 34996</u>                |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Yocom Michael Yocom 5/11/02 Summer - 201 - 391 - 7819  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)