

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90002 004 ****61.25

DOCUMENT # N24558

1. Entity Name

MARTIN COUNTY II COMMUNITY FOUNDATION, INC.

Principal Place of Business

C/O FLOYD D. JORDAN
 759 S. FEDERAL HWY.
 STUART FL 34994
 US

Mailing Address

C/O CROOK, T MICHAEL
 33 FLAGLER AVE
 STUART FL 34994
 US

813098



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-8064000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JORDAN, FLOYD D
 759 S. FEDERAL HWY
 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

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 PD
 NAME JORDAN, FLOYD D.
 STREET ADDRESS 759 S. FEDERAL HWY.
 CITY-ST-ZIP STUART FL ☐ Delete

TITLE D
 NAME FOWLER, WILLIAM C
 STREET ADDRESS 103 SE FLAMINGO AVE.
 CITY-ST-ZIP STUART FL ☐ Delete

TITLE D
 NAME WEBER, THOMAS E, JR.
 STREET ADDRESS 1939 S FEDERAL HWY
 CITY-ST-ZIP STUART FL ☐ Delete

TITLE D
 NAME CROOK, T M
 STREET ADDRESS 33 FLAGLER AVE
 CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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

Date

Daytime Phone #

CR2E037 (10/00)