2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 726788 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name HISTORICAL SOCIETY OF MARTIN COUNTY, INC. 04-25-2000 90007 045 ****61.25 Principal Place of Business Mailing Address 825 NE OCEAN BLVD 825 NE OCEAN BLVD STUART FL 34996-1626 STUART FL 34996-8696 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. Applied For City & State 4. FEI Number City & State 59-0913326 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Timothy Digby Street Address (P.O. Box Number is Not Acceptable) 555 N. E. Ocean BIVO. THORNE, SUZANNE B 1550 NE OCEAN BLVD H202A Stuart, FL34996 STUART FL 34996 Zip Code 34996 City Stuart 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 DATE d title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ... Addition TITLE TD Delete TITLE NAME KARLIN, DANIEL NAME NO CHANGE STREET ADDRESS STREET ADDRESS 50 SE KINDRED ST #103 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 Change Addition TITLE Acting ☐ Delete TITLE SD Sec. NAME DICKERSON, JANE NAME Barbara Brown STREET ADDRESS STREET ADDRESS 5453 SE MILES GRANT#C202 P.O. Box 671 CITY-ST-ZIP CITY-ST-ZIP STUART FL S. E. Kingswood Ter. St<u>uart</u>, Change Addition ^{IIILE}Vice ☐ Delete VPD TITLE Chairman NAME PATTERSON, LAURA NAME Margaret May Damen STREET ADDRESS STREET ADDRESS 2950 SE OCEAN BLVD #117-5 789 S. E. Fed.Hwy.#300 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 34994 Clinton Bush Stuart, FL Stuart FL ☐ Change Addition ☐ Delete TITLE. NAME NAME THORNE, SUZANNE B 4855 Loch Lane STREET ADDRESS STREET ADDRESS 1550 NE OCEAN BLVD #202A Palm City, FL 34990 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 Muchairman Timothy Digby Change ☐ Addition VPD **X** Delete TITLE NAME danforth, Alan P 555 N. E. Ocean Blvd. NAME STREET ADDRESS STREET ADDRESS **5201 BURNING THREE CIR** Stuart, FL 34996 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Section of further certify that the information indicated on this report or supplemental report is rule and accurate and that my signature shall have the same legal effect as it made on this report of the corporation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes, and the papears in Block 10 or Block 11 if

like empowered.

Daytime Phone #

changed, or on an attachment y

SIGNATURE: