

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90005 044 \*\*\*\*61.25

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**DOCUMENT # 726788**

1. Entity Name

**HISTORICAL SOCIETY OF MARTIN COUNTY, INC.**

Principal Place of Business

825 NE OCEAN BLVD  
STUART FL 34996-8696

Mailing Address

825 NE OCEAN BLVD  
STUART FL 34996-8696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0913326

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

DIGBY, TIMOTHY  
555 N.E. OCEAN BLVD  
STUART FL 34996

7. Name and Address of New Registered Agent

Name

BUSH, CLINTON

Street Address (P.O. Box Number is Not Acceptable)

4855 LOCH LANE

City

PALM CITY FL

Zip Code

34990

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

20 MARCH 2001

**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: TD  
NAME: KARLIN, DANIEL ☒ Delete  
STREET ADDRESS: 50 SE KINDRED ST #103  
CITY-ST-ZIP: STUART FL 34994

TITLE: SD  
NAME: DICKERSON, JANE ☒ Delete  
STREET ADDRESS: 5453 SE MILES GRANT #C202  
CITY-ST-ZIP: STUART FL

TITLE: VPD  
NAME: PATTERSON, LAURA ☒ Delete  
STREET ADDRESS: 2950 SE OCEAN BLVD #117-5  
CITY-ST-ZIP: STUART FL 34996

TITLE: PD  
NAME: THORNE, SUZANNE B ☒ Delete  
STREET ADDRESS: 1550 NE OCEAN BLVD #202A  
CITY-ST-ZIP: STUART FL 34996

TITLE: C  
NAME: DIGBY, TIMOTHY ☒ Delete  
STREET ADDRESS: 555 NE OCEAN BLVD  
CITY-ST-ZIP: STUART FL 34996

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD  
NAME: DUNNE, KATHERINE ☐ Change ☒ Addition  
STREET ADDRESS: 5180 SE BURNING TREE CIRCLE  
CITY-ST-ZIP: STUART, FL 34996

TITLE: SD  
NAME: BROWN, BARBARA ☐ Change ☒ Addition  
STREET ADDRESS: PO BOX 671  
CITY-ST-ZIP: STUART, FL 34995

TITLE: VPD  
NAME: DAMEN, MARGARET MAY ☐ Change ☒ Addition  
STREET ADDRESS: 789 S FEDERAL HWY #300  
CITY-ST-ZIP: STUART, FL 34994

TITLE: CEO  
NAME: BLOUNT, ROB ☐ Change ☒ Addition  
STREET ADDRESS: 825 NE OCEAN BLVD  
CITY-ST-ZIP: STUART, FL 34996

TITLE: C  
NAME: BUSH, CLINTON ☐ Change ☒ Addition  
STREET ADDRESS: 4855 LOCH LANE  
CITY-ST-ZIP: PALM CITY, FL 34990

TITLE: ☐ Change ☐ Addition  
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:

*Robert S. Blount III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/01 561 521 1961

CR2E037 (10/00)