

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731038

1. Entity Name

SERTOMA CLUB OF MARTIN COUNTY, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90101 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

851 JOHNSON AVENUE  
P.O. BOX 202  
STUART FL 34995  
US

851 JOHNSON AVENUE  
P.O. BOX 202  
STUART FL 34995-0202  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7396505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, STEVEN L  
612 S FEDERAL HWY  
PO BOX 1469  
STUART FL 34995

Name

Perry, Steven L.

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

2081 E Ocean Blvd.

City

Stuart

FL

Zip Code

34994

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:**  
**SEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, JAMES	
STREET ADDRESS	490 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	DD	<input type="checkbox"/> Delete
NAME	CARSON, WILLIAM	
STREET ADDRESS	4149 SE SALERNO RD.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CORLEY, JEFF	
STREET ADDRESS	1117 E OSCEOLA RD	
CITY-ST-ZIP	PORT SALERNO FL 34997	
TITLE	DD	<input type="checkbox"/> Delete
NAME	SHARKEY, KEVIN	
STREET ADDRESS	3012 SE JAY ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BEANE, GARY	
STREET ADDRESS	6763 SE RAIN TREE AVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AHERN, JACK	
STREET ADDRESS	2233 S KANNER HWY	
CITY-ST-ZIP	STUART FL 34994	

TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY DANIS	
STREET ADDRESS	2482 SE Victory Ave.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: GARY W. BEANE 2/17/00 561-220-2234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #