

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

0015788

DOCUMENT # 731038

1. Entity Name

SERTOMA CLUB OF MARTIN COUNTY, INC.

Principal Place of Business

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

Mailing Address

851 JOHNSON AVENUE
P.O. BOX 202
STUART FL 34995
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
2081 E OCEAN BLVD
STUART FL 34995

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 STEVEN L. PERRY

9/5/01

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
After September 12, 2001, min. will be \$236.25

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** ☐ Delete
NAME **DAVIS, GARY**
STREET ADDRESS **2482 SE VICTORY AVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DD** ☐ Delete
NAME **CARSON, WILLIAM**
STREET ADDRESS **4149 SE SALERNO RD**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE **DP** ☐ Delete
NAME **CORLEY, JEFF**
STREET ADDRESS **1117 E OSCEOLA RD**
CITY-ST-ZIP **PORT SALERNO FL 34997**

TITLE **DD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DD** ☐ Delete
NAME **SHARKEY, KEVIN**
STREET ADDRESS **3012 SE JAY ST**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE **DT** ☒ Delete
NAME **BEANE, GARY**
STREET ADDRESS **6763 SE RAIN TREE AVE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **DT** ☒ Change ☐ Addition
NAME **WADG, GEORGE**
STREET ADDRESS **PO BOX 880445**
CITY-ST-ZIP **PORT ST. LUCIE, FL. 34988-0445**

TITLE **DS** ☐ Delete
NAME **AHERN, JACK**
STREET ADDRESS **2233 S KANNER HWY**
CITY-ST-ZIP **STAURT FL 34994**

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: WADG, GEORGE 9/5/01 878-8886

CR2E037 (5/01)