FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # 745757** 1. Entity Name MARTIN COUNTY GOLF AND COUNTRY CLUB, INC. 04-09-2001 90027 015 ****61.25 Principal Place of Business Mailing Address 2000 SE ST LUCIE BLVD. 2000 SE ST LUCIE BLVD. SA PART STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0976970 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRARY, LAWRENCE E III 555 COLORADO AVE STUART FL 34994 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the state of Florida. Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. BILL JOHNEON Addition TITLE Change TITLE Delete 8034 SE PATRIOT AVE MARITZ, DOT NAME NAME SOUND FL34995 8175 SE FOX HILL PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOBE SOUND FL 33455** CITY-ST-ZIP Delete TREASURER TITLE Addition ☐ Change TITLE PYLE, JOEL NAME NAME BOB SOKEL STREET ADDRESS P O BOX 1405 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34995 Change Delete Addition TITLE TITI F DOT MARITZ RIORDAN, DIANE O NAME NAME 8175 SE-FOX HILL PLACE DIRECTUR 6737-YORKTOWN DRIVE STREET ADDRÉSS STREET ADDRESS HOBE SOUND FL, 33455 CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP TITLE TITLE ☐ Addition Delete NEAL ROOK HAYES, ROBERT NAME NAME 2340 NW PHELAKE DR STREET ADDRESS 6531 SE FEDERAL HWY STREET ADDRESS **LOEZIDEM** CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 STUDET FL 34497 TITLE ☐ Detete TITLE ☐ Change ☐ Addition SANTOS, STAN NAME NAME STREET ADDRESS 2950 SE OCEAN BLVD #53-6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 TITLE ☐ Delete TITLE ☐ Change Addition ROOS, NEAL NAME NAME STREET ADDRESS 2340 NW PINELAKE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 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 abdress, with all other like empowered.

SIGNATURE: ___Signature

SICH TO RESERVED

4/3/01

561-287-2274

Daytime Phone