

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90248 028 ****61.25

DOCUMENT # 745757

1. Entity Name

MARTIN COUNTY GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**2000 SE ST LUCIE BLVD.
 STUART FL 34996**

**2000 SE ST LUCIE BLVD.
 STUART FL 34996**

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

59-0976970

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

**BRODIE & PAWLUC
 525 CAMDEN AVENUE
 STUART FL 34994**

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

BRODIE & PAWLUC

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIZ, DOT	
STREET ADDRESS	8175 SE FOX HILL PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, BILL	
STREET ADDRESS	8034 SE PATRIOT AVENUE	
CITY-ST-ZIP	HOBE SOUND FL 34995	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOICEL, BOB	
STREET ADDRESS	7 BANYAN ROAD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, ROBERT	
STREET ADDRESS	6531 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANTOS, STAN	
STREET ADDRESS	2950 SE OCEAN BLVD #53-6	
CITY-ST-ZIP	STUART FL 34996	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROOS, NEAL	
STREET ADDRESS	2340 NW PINELAKE DR	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED HOLLISTER	
STREET ADDRESS	1142 W MADISON AVE	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB BONCZY	
STREET ADDRESS	11055 SE FEDERAL HWY # 29	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK MARSHALL	
STREET ADDRESS	11143 SE SEA PINES CIRCLE	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN RICE	
STREET ADDRESS	Po 2012	
CITY-ST-ZIP	STUART, FL	
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:

STAN SANTOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/01)