

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91464 025 ****61.25

DOCUMENT # 763422

1. Entity Name

LOXAHATCHEE GUILD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4544
 TEQUESTA FL 33469

P.O. BOX 4544
 TEQUESTA FL 33469

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

59-2563056

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

BARWICK, BLAKISTON WISN
1901 N US HWY ONE
JUPITER FL 33477

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

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 ☒ Delete
 NAME PD
 STREET ADDRESS HISKADDEN, MAUD
 CITY-ST-ZIP 3950 SHEARWATER DR
 JUPITER FL 33477

TITLE ☒ Change ☐ Addition
 NAME CRITTENDEN, ELLEN
 STREET ADDRESS 2366 WILSEE RD
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
 NAME VPD
 STREET ADDRESS CRITTENDEN, ELLEN
 CITY-ST-ZIP 2366 WILSEE RD
 PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☒ Addition
 NAME VPD
 STREET ADDRESS Gwendolyn Scott
 CITY-ST-ZIP 203 RIVER DRIVE
 TEQUESTA, FL 33469

TITLE ☒ Delete
 NAME D
 STREET ADDRESS HUDIBURG, JOAN
 CITY-ST-ZIP 197 COMMODORE DR
 JUPITER FL 33477

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS PAULI-BOURASSA
 CITY-ST-ZIP 285 South Beach Road
 Hobe Sound, FL 33455

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS MARCHMAN, HELEN
 CITY-ST-ZIP 1233 12TH CT
 JUPITER FL 33477

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

TITLE ☒ Delete
 NAME TD
 STREET ADDRESS SUMMERVILLE, JOAN
 CITY-ST-ZIP 118 LIGHTHOUSE DR
 JUPITER FL 33469

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS JOANNE Searcy
 CITY-ST-ZIP 356 Church Rd
 TEQUESTA FL 33469

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HURLBURT, KATHY
 CITY-ST-ZIP 3282 SE INLET HARBOR TERRACE
 STUART FL 34966

TITLE ☒ Change ☐ Addition
 NAME TD
 STREET ADDRESS Hurlburt, KATHY
 CITY-ST-ZIP 3282 SE Inlet Harbor Tr.
 Stuart FL 34966

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: *Kathleen Hurlburt* (KATHLEEN Hurlburt) 4/16/02 746-9251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)