

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766818

1. Entity Name

MARTIN COUNTY LITERACY COUNCIL, INCORPORATED

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90046 040 ****61.25

Principal Place of Business

2351 MONTEREY ROAD
STUART FL 34996
US

Mailing Address

2351 MONTEREY ROAD
STUART FL 34996-3331
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

59-2382435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, IRA W
2050 S.W. OLYMPIC CLUB TERRACE
PALM CITY FL 24990

7. Name and Address of New Registered Agent

Name

Richard Hansen
Street Address (P.O. Box Number is Not Acceptable)
2760 SW Mariposa Circle

City

Palm City

FL

Zip Code
34990

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PYNE, KITTI	
STREET ADDRESS	26 SIMARA ST	
CITY-ST-ZIP	SEWALLS PT FL 34996	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CUTTLE, MARILYN	
STREET ADDRESS	537 SW 11TH CT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PETIT, STEVEN	
STREET ADDRESS	5033 S E TALL PINES WAY	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, IRA	
STREET ADDRESS	2050 SW OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FINE, HELEN TUCK	
STREET ADDRESS	1823 BUTTONBUSH CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Hansen	
STREET ADDRESS	2760 SW Mariposa Circle	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	First Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Mazzuto	
STREET ADDRESS	3584 D SW Quail Meadows Trail	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	Second Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Finley	
STREET ADDRESS	2435 SW Danbury Lane	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Krimmelman	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Leone	
STREET ADDRESS	6531 South Federal Highway #J105	
CITY-ST-ZIP	Stuart, FL 34997	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard Hansen

Date

Daytime Phone #

3/6/00 (561) 219-4960

CR2E037 (9/99)