

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766818

1. Entity Name

MARTIN COUNTY LITERACY COUNCIL, INCORPORATED

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90078 042 ****61.25

Principal Place of Business

Mailing Address

2351 MONTEREY ROAD
STUART FL 34996
US

2351 MONTEREY ROAD
STUART FL 34996
US

B01100003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2382435

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HANSEN, RICHARD
2760 SW MARIPOSA CIRCLE
PALM CITY FL 34990

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 P ☐ Delete
NAME MORRISON, LEE
STREET ADDRESS 23 SIMARA ST
CITY-ST-ZIP SEWALS PT FL 34996

TITLE VD ☐ Change ☒ Addition
NAME JOAN MOORE
STREET ADDRESS 644 BRYANT AVE.,
CITY-ST-ZIP STUART, FL 34997

TITLE SD ☐ Delete
NAME CUTTLE, MARILYN
STREET ADDRESS 537 SW 11TH CT
CITY-ST-ZIP PALM CITY FL

TITLE ☒ Change ☐ Addition
NAME CUTTLE, MARILYN
STREET ADDRESS 1027 SW BALMORAL TRACE
CITY-ST-ZIP STUART, FL 34997

TITLE T ☒ Delete
NAME LEONE, BARBARA
STREET ADDRESS 6531 S FEDERAL HWY., #J105
CITY-ST-ZIP STUART FL 34997

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

TITLE VPD ☐ Delete
NAME KIMMELMAN, SANDY
STREET ADDRESS 108 ABBIE CT
CITY-ST-ZIP SEWALLS PT FL 34996

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

TITLE VD ☒ Delete
NAME CALDER, CAROL
STREET ADDRESS 6701 HARBOR CIR
CITY-ST-ZIP STUART FL 34996

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)