

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90181 044 ****61.25

DOCUMENT # 766818

1. Entity Name

MARTIN COUNTY LITERACY COUNCIL, INCORPORATED



Principal Place of Business

**2351 MONTEREY ROAD
STUART FL 34996
US**

Mailing Address

**2351 MONTEREY ROAD
STUART FL 34996
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**HANSEN, RICHARD
2760 SW MARIPOSA CIRCLE
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name

Littauer, Stephen

Street Address (P.O. Box Number is Not Acceptable)

3041 SW Montebello Place

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stephen Littauer, Stephen Littauer, Treas. 2/21/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MORRISON, LEE	
STREET ADDRESS	23 SIMARA ST	
CITY-ST-ZIP	SEWALS PT FL 34996	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CUTTLE, MARILYN	
STREET ADDRESS	1027 SW BALMORAL-TRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KIMMELMAN, SANDY	
STREET ADDRESS	108 ABBIE CT	
CITY-ST-ZIP	SEWALLS PT FL 34996	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, JOAN	
STREET ADDRESS	644 BRYANT AVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Littauer, Stephen	
STREET ADDRESS	3041 SW Montebello Place	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malley, Rachelle	
STREET ADDRESS	2024 SW Sandhurst Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	First Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimmelman, Sandy	
STREET ADDRESS	108 Abie Court	
CITY-ST-ZIP	Sewells Point, FL 34996	
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		

CR2E037 (10/02)

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:

Stephen Littauer, Stephen Littauer, Treas. 2/21/03 772-203-4588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR