

2000 UNIFORM BUSINESS REPORT

DOCUMENT # K28148

1. Entity Name

CLASSIC PROPERTIES OF MARTIN COUNTY, INC.

Principal Place of Business

9940 S OCEAN DR
APT 607
JENSEN BCH FL 34957

Mailing Address

9940 S OCEAN DR
APT 607
JENSEN BCH FL 34957-2411

2. Principal Place of Business

2334 NE Dixie Hwy #1
Suite, Apt. #, etc.
#1

3. Mailing Address

c/o Box 1849
Suite, Apt. #, etc.

City & State

Jensen Beach

City & State

Jensen Beach

Zip

34957

Country

Martin

Zip

34958-1849

Country

Martin

4. FEI Number

65-0066528

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Lawrence E. Kearns

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

c/o Box 1849 - 2467 NE Palmer St.

City

Jensen Beach

FL

Zip Code

34958-1849

6. Name and Address of Current Registered Agent

KEARNS, LAWRENCE E.
9940 S. OCEAN DR.
JENSEN BCH FL 34957

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

03/24/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
GRAHAM, DIANE M.
9940 S. OCEAN DR
JENSEN BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
KEARNS, LAWRENCE
9940 S. OCEAN DR
JENSEN BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90045 001 ***150.00



DO NOT WRITE IN THIS SPACE

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