## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

## Feb 19, 2002 8:00 am DOCUMENT # N01000003153 Secretary of State 1. Entity Name MARTIN COUNTY COMMUNITY VIEWPOINT, INC. 02-19-2002 90123 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 1817 SW AUTUMNWOOD WAY 1817 SW AUTUMNWOOD WAY PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THORNTON, WILLIAM 1817 SW AUTUMNWOOD WAY PALM CITY FL 34990 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** Ġ. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete Patrick J. Hayes Addition NAME BAUSCH, JOAN NAME 18809 SE Federal Hwy STREET ADDRESS STREET ADDRESS 20 S SEWALLS POINT ROAD Tequesta, FL 33469 CITY-ST-ZIP CITY-ST-ZIP SEWALLS POINT FL 34996 Marge Ketter 7088 SE Rivers Edge Jupiter FL 33458 Paul V. Ladd ☐ Delete ☐ Change Addition TITLE TITLE BAUSCH, THOMAS P NAME NAME STREET ADDRESS 20 S SEWALLS POINT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SEWALLS POINT FL 34996 TITLE TITLE ☐ Change Addition ☐ Delete HANNAH, GORDON NAME NAME PO BOX 2211 STREET ADDRESS 1456 NE OCEAN BLVD STREET ADDRESS Jensen Beach, FL 34958 William Thornton CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP Change Addition TITI E Delete TITLE Lennon, Bob NAME NAME 1817 SW Antumnwood Wa, STREET ADDRESS 2897 SW MARIPOSA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Change TITLE Delete TITLE ■ Addition SUMMERS, WILLIAM C NAME NAME 14751 SW AMERICAN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANTOWN FL 34956 TITLE ☐ Delete TITLE Change Addition SUMMERS, DOLORES NAME NAME STREET ADDRESS 14751 SW AMERICAN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Indiantown FL 34956 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

772-221-9612

FILED