

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

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90064 014 ****61.25

0016919

DOCUMENT # N02000008083

1. Entity Name

STUART GREEN MARKET, INC.



Principal Place of Business

**2614 S.E. DIXIE HWY.
STUART FL 34996**

Mailing Address

**2614 S.E. DIXIE HWY.
STUART FL 34996**

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

32-0056283-021600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRARY, LAWRENCE E III
555 COLORADO AVE., STE 1
STUART FL 34994**

7. Name and Address of New Registered Agent

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

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
After September 10, 2003, min will be \$236.25

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	MALONE, BERNARD H	
STREET ADDRESS	803-1 CENTRAL PKWY.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WEINTRAUB, RONALD	
STREET ADDRESS	16008 INDIANWOOD CIRCLE	
CITY-ST-ZIP	INDIAN TOWN FL 34956	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTE, ROBERT	
STREET ADDRESS	5403 CITRUS AVE.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COSMANO, GLORIA	
STREET ADDRESS	1649 S. BROCKSMITH RD.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COUTURE, MAXINE	
STREET ADDRESS	642 S.E. MONTEREY RD.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORNY, VICKI	
STREET ADDRESS	2432 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART FL 34996	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CRARY, LAWRENCE E III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CAROL BAILEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORIDA EXTENSION INC	
STREET ADDRESS	2614 SE DIXIE HWY	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JEAN KORWICK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2830 YATES RD.	
STREET ADDRESS	FT PIERCE FL 34981	
CITY-ST-ZIP		
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		

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:

CRARY, LAWRENCE E III

9-2-03 7225289395

CR2E037 (4/03)