

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

00844

04-10-2001 90128 037 ****61.25

DOCUMENT # N33411

1. Entity Name

STUART AREA PANHELLENIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1509 SE LARK BLVD
 STUART FL 34996

1509 SE LARK BLVD
 STUART FL 34996

C0044214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

451 SE Huron Terrace

3. Mailing Address

451 SE Huron TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Port Saint Lucie

Port Saint Lucie

City & State

City & State

Florida

Florida

4. FEI Number

65-0136441

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip **34983**

Country **USA**

Zip **34983**

Country **USA**

6. Name and Address of Current Registered Agent

MCADAMS, DIANE
1509 SE LARK BLVD
STUART FL 34996

7. Name and Address of New Registered Agent

Name **Mrs. Violet M. Holt**

Street Address (P.O. Box Number is Not Acceptable)
451 SE HURON Terrace

Port St. Lucie

City **Florida**

FL 34983-

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.

2680

SIGNATURE **Violet M. Holt, Director, Treasurer**

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

TITLE **P** ☐ Delete
 NAME **JONES, SONYA G**
 STREET ADDRESS **1900 S KANNER HWY 3-106**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **VD** ☒ Delete
 NAME **SCULLY, SALLY**
 STREET ADDRESS **3951 SE FAIRWAY W**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **T** ☐ Delete
 NAME **HOLT, VIOLET**
 STREET ADDRESS **451 SE HURON TERRACE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **S** ☐ Delete
 NAME **MEYERS, PATRICIA C**
 STREET ADDRESS **6997 PACIFIC DRIVE**
 CITY-ST-ZIP **STUART FL**

TITLE **D** ☒ Delete
 NAME **MCADAMS, DIANE**
 STREET ADDRESS **1509 SE LARK BLVD**
 CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
 NAME **Miller Dorothy**
 STREET ADDRESS **3404 SE Inlet Harbor Trail**
 CITY-ST-ZIP **Stuart, Florida 34996**

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Holt, Violet**
 STREET ADDRESS **451 SE HURON TERRACE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

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 REQUIRED Director

4/7/01 (561) 879-1589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)