

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33411

1. Entity Name

STUART AREA PANHELLENIC ASSOCIATION, INC.

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90008 002 ****61.25

Principal Place of Business

451 SE HURON TERRACE
PORT SAINT LUCIE FL 34983

Mailing Address

451 SE HURON TERRACE
PORT SAINT LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0136441

Applied For

Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLT, VIOLET M.
451 SE HURON TERRACE
PORT SAINT LUCIE FL 34983-2680

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.

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

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

TITLE NAME ☐ Delete
VD MILLER, DOROTHY
STREET ADDRESS 3404 SE INLET HARBOR TRAIL
CITY-ST-ZIP STUART FL 34996

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 561-879-1589
Date Daytime Phone #

CR2E037 (9/01)