

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43195

1. Entity Name

BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY, INC

Principal Place of Business

2400 S FEDERAL HWY.
SUITE 230
STUART FL 34994
US

Mailing Address

P.O. BOX 2471
P O BOX 2471
STUART FL 34995
US

2. Principal Place of Business

Suite, Apt. #, etc.

2307 SE Monterey Rd

City & State

Zip 34994

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0255366

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

NORMAN, KENNETH A. ESQ
800 SE MONTEREY COMMONS BLVD
STE 200
STUART FL 34996

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 VD
NAME DAVINO, RALPH
STREET ADDRESS 10778 SE FEDERAL HIGHWAY
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE TD
NAME BYRD, GAIL A
STREET ADDRESS 4968 SE DIXIE HIGHWAY
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE D
NAME NORMAN, KENNETH
STREET ADDRESS 800 SE MONTEREY COMMONS BLVD
CITY-ST-ZIP STUART FL ☐ Delete

TITLE PD
NAME CHAMBERLIN, JEFF
STREET ADDRESS 2504 SW WILLOUGHBY BLVD
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE D
NAME ASTOLFI, TED
STREET ADDRESS 2400 S. FEDERAL HEY STE. 230
CITY-ST-ZIP STUART FL ☐ Delete

TITLE D
NAME ED WEINBERG
STREET ADDRESS 735 COLORADO AVE STE 1
CITY-ST-ZIP STUART FL 34994 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

Date

772-221-1380

Daytime Phone #

CR2E037 (9/01)