

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
 02-21-2001 90028 031 ****61.25

DOCUMENT # N45442

1. Entity Name

MARTIN COUNTY HOTEL AND MOTEL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 566
 STUART FL 34995

P.O. BOX 566
 STUART FL 34995

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULLEN, L. WILLIAM CHA
3793 NE OCEAN BLVD
HOLIDAY INN OCEANSIDE
JENSEN BEACH FL 34957

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **DIGBY, TIMOTHY**
 STREET ADDRESS **555 NE OCEAN BOULEVARD**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **PD** ☐ Change ☐ Addition
 NAME **PULLEN, WILLIAM**
 STREET ADDRESS **3793 NE Ocean Blvd**
 CITY-ST-ZIP **Jensen Beach FL 34957**

TITLE **DV** ☐ Delete
 NAME **HAVEN, RON**
 STREET ADDRESS **2325 NE INDIAN RIVER DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VD** ☐ Change ☐ Addition
 NAME **GUERTIN, GARY**
 STREET ADDRESS **4307 SE Bawieew Street**
 CITY-ST-ZIP **Stuart FL 34997**

TITLE **DT** ☐ Delete
 NAME **PULLEN, WILLIAM**
 STREET ADDRESS **3793 NE OCEAN BOULEVARD**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TD** ☐ Change ☐ Addition
 NAME **CALVERT, CHARLES**
 STREET ADDRESS **1209 S. Federal Highway**
 CITY-ST-ZIP **Stuart FL 34994**

TITLE **SD** ☐ Delete
 NAME **ORTEGA-PERRI, ELSIE**
 STREET ADDRESS **950 S FEDERAL HIGHWAY**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **SD** ☐ Change ☐ Addition
 NAME **MANDODY, LESLIE**
 STREET ADDRESS **1200 S. Federal Highway**
 CITY-ST-ZIP **Stuart FL 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

L. William Pullen
L. William Pullen

2/5/01

(561) 226-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)