

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-04-2003 90095 003 ****61.25

DOCUMENT # N45442

1. Entity Name

MARTIN COUNTY HOTEL AND MOTEL ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 566
STUART FL 34995

Mailing Address

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

ED GRIFFITH

Street Address (P.O. Box Number is Not Acceptable)

555 NE OCEAN BLVD

MARRIOTT HUTCHINSON ISLAND

City

STUART

FL

Zip Code

34996

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

L. William Pullen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **PULLEN, WILLIAM**
STREET ADDRESS **3793 NE OCEAN BLVD**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **ED GRIFFITH, PRES. PD** ☐ Change ☒ Addition
NAME **ED GRIFFITH**
STREET ADDRESS **555 NE OCEAN BLVD**
CITY-ST-ZIP **STUART, FL 34996**

TITLE **VP** ☐ Delete
NAME **STURGES, SHARON**
STREET ADDRESS **2325 NE INDIAN RIVER DR.**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE **DT** ☐ Delete
NAME **CALVERT, CHARLES**
STREET ADDRESS **1209 S FEDERAL HIGHWAY**
CITY-ST-ZIP **STUART FL 34994**

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

TITLE **SD** ☒ Delete
NAME **MILLS, JANET**
STREET ADDRESS **1200 S FEDERAL HIGHWAY**
CITY-ST-ZIP **STUART FL 34994**

TITLE **MARY PALCZER, SEC. SD** ☐ Change ☒ Addition
NAME **MARY PALCZER**
STREET ADDRESS **3793 NE OCEAN BLVD**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

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:

Charles L. Calvert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES L. CALVERT

5/25/03

772-287-6200

Date

Daytime Phone #

CR2E037 (10/02)