

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45671

1. Entity Name

HOBE SOUND FIRST AID FOUNDATION, INC.

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90051 038 \*\*\*\*61.25

0055082

Principal Place of Business

Mailing Address

P. O. BOX 82  
HOBE SOUND FL 33475  
US

P. O. BOX 82  
HOBE SOUND FL 33475  
US

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

TAPLIN, NORMAN  
250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480

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 P ☐ Delete  
NAME MILLER, JAMES  
STREET ADDRESS 8389 S.E. CAMELLIA DR  
CITY-ST-ZIP HOBE SOUND FL

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

TITLE D ☐ Delete  
NAME MILLER, LEE  
STREET ADDRESS 7767 S.E. CAMELLIA DR  
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete  
NAME OWENS, DIANA  
STREET ADDRESS 8546 SE MARS ST.  
CITY-ST-ZIP HOBE SOUND FL

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

TITLE D ☐ Delete  
NAME MAEHLENBROCK, DON  
STREET ADDRESS 7767 S.E. CONTINENTAL DRIVE  
CITY-ST-ZIP HOBE SOUND FL

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

TITLE TS ☐ Delete  
NAME BUNNELL, ALBERTA  
STREET ADDRESS 7130 S.E. BLUE BIRD CIRCLE  
CITY-ST-ZIP HOBE SOUND FL

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:

*James Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/01/01 Daytime Phone #

CR2E037 (10/00)