2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 19, 2000 8:00 am Secretary of State DOCUMENT # N9300000170 LEADERSHIP MARTIN COUNTY ALUMNI, INC. 01-24-2000 90067 005 ****61.25 Principal Place of Business Mailing Address C/O NANCY SAILOR C/O NANCY SAILOR 1650 S KANNER HWY 1650 S KANNER HWY STUART FL 34994 STUART FL 34994 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-038 129 1 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SAILOR, NANCY 1650 S KANNER HWY SUITE 200 Zip Code STUART FL 34994 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 13, 2000 min, will be \$236.25 **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESIDENT, DIRECTOR CINDY LASH LACONTE TITLE TITLE ☐ Change Delete NAME EARLE, DAVID NAME 709 MICHAELS COURT STREET ADDRESS 401 E. OSCEOLA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, STUART FL 34997 34996 VPD VICE PLES., DIRECTOR Addition TITLE ☐ Change TITLE ZARRO, JOANNE NAME NAME CATHY LIEBER 9231 SE PARKWAY DRIVE STREET ADDRESS 729S. FEDERAL HWY, SUISTE 200 STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 HOSE SOUND, FL DIRECTOR secutiony, DIRECTOR TD Change Addition Delete TiTLE TITLE **NUTTALL, GREGORY** NAME NAME 43 5W MONTERRY ROAD STREET ADDRESS 2100 SE OCEAN BLVD, SUITE 205 STREET ADDRESS CITY-ST-7IP SMANT CITY-ST-7IP STUART FL Change Delete Addition TITLE HERRING, SCOTT NAME STREET ADDRESS 361 NE GENESSE AVENUE STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver of the corporation or the receiver or truster and the property of the corporation or the receiver or truster and the property of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporat

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STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

7-13-00

581-287- 4480

☐ Change

Addition

Daytime Phone #



ATTACHMENT N93000000170 18666

July 13, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Leadership Martin County Alumni, Inc.

2000 Uniform Business Report

ID# 65-0381291

To Whom It May Concern:

The original 2000 Uniform Business Report was filed and fees paid in January 2000 (see enclosed copy of cancelled check). However, the original report did not properly indicate the directors of this non-profit entity.

We are re-filing the report, without payment, to indicate the officers and directors of this entity. Should there still be any question, please contact me at the number below.

Sincerely,

Gregory R. Nuttall, Treasurer

Leadership Martin County Alumni, Inc.

Enclosures

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MARTIN COUNTY LEADERSHIP ALUMNI FOR # 65-038/29/ "0000000 1 25"

DEPARTMENT OF ST

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