

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000000170**

1. Entity Name

**LEADERSHIP MARTIN COUNTY ALUMNI, INC.****FILED****May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90045 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O NANCY SAILOR  
1650 S KANNER HWY  
STUART FL 34994  
USC/O NANCY SAILOR  
1650 S KANNER HWY  
STUART FL 34994  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 794

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
**Stuart, Florida**

Zip

Country

Zip  
**34995**Country  
**Martin**

4. FEI Number

**65-0381291**

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****SAILOR, NANCY**  
**1650 S KANNER HWY**  
**SUITE 200**  
**STUART FL 34994**

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 LASH-LACONTE, CINDY  
STREET ADDRESS 310 DENVER AVENUE STE 201  
CITY-ST-ZIP STUART FL 34994TITLE PD ☒ Change ☐ Addition  
NAME Lippisch, Sharon  
STREET ADDRESS 22 South Sewall's Point Road  
CITY-ST-ZIP Sewall's Point, FL 34996TITLE VPD ☐ Delete  
NAME LIEBER, CATHY  
STREET ADDRESS P.O. BOX 661  
CITY-ST-ZIP HOBE SOUND FL 33475TITLE Bowers, Jeff VPD ☒ Change ☐ Addition  
NAME 408 Colorado Avenue  
STREET ADDRESS Stuart, Florida 34994  
CITY-ST-ZIPTITLE TD ☐ Delete  
NAME NUTTALL, GREGORY  
STREET ADDRESS 2100 SE OCEAN BLVD, SUITE 205  
CITY-ST-ZIP STUART FLTITLE Nolan, Terence ☒ Change ☐ Addition  
NAME 1240 Starfish Lane  
STREET ADDRESS Stuart, Florida 34996  
CITY-ST-ZIPTITLE SD ☐ Delete  
NAME MURPHY, MAUREEN  
STREET ADDRESS 43 SW MONTERREY ROAD  
CITY-ST-ZIP STUART FL 34994TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 another like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terence E. Nolan

April 26, 2002

Date

Daytime Phone #

CR2E037 (9/01)