

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90173 040 \*\*\*\*61.25

**DOCUMENT # N93000000170**

1. Entity Name

**LEADERSHIP MARTIN COUNTY ALUMNI, INC.**



Principal Place of Business

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

Mailing Address

**PO BOX 794  
STAURT FL 34995  
US**

**90027961**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**P.O. Box 794**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**STUART, FL**

4. FEI Number **65-0381291**

Applied For

Not Applicable

Zip

Country

**34995**

Country

**MARTIN**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **LIPPISCH, SHARON**  
STREET ADDRESS **22 SOUTH SEWALLS POINT ROAD**  
CITY-ST-ZIP **STUART FL 34996**

TITLE **TD** ☐ Change ☒ Addition  
NAME **NUTTALL, GREG**  
STREET ADDRESS **2100 SE OCEAN BLVD, STE 205**  
CITY-ST-ZIP **STUART, FL 34996**

TITLE **VPD** ☐ Delete  
NAME **BOWERS, JEFF**  
STREET ADDRESS **408 COLORADO AVENUE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **NOLAN, TERENCE**  
STREET ADDRESS **1240 STARFISH LANE**  
CITY-ST-ZIP **STUART FL 34996**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **GAUDET, CATHY**  
STREET ADDRESS **430 SE OSCEOLA STREET**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **SD** ☒ Delete  
NAME **MURPHY, MAUREEN**  
STREET ADDRESS **43 SW MONTERREY ROAD**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Overdorf, Tobin R.**  
STREET ADDRESS **1855 Kanner 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

*Gregory Nuttall, Treasurer* 2-14-03 772-287-4480

CR2E037 (10/02)