

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-21-2002 90844 026 ****61.25

DOCUMENT # N94000000704

1. Entity Name

MARTIN COUNTY INTERAGENCY COALITION, INC.

Principal Place of Business

Mailing Address

50 KINDRED STREET
 SUITE 207
 STUART FL 34995
 US

PO BOX 3012
 STUART FL 34995-3012
 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

65-0336225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BORRIE, DOUGLAS
 3525 W. MIDWAY RD
 FORT PIERCE FL 34981

7. Name and Address of New Registered Agent

Name

JOHN B. GONZALEZ

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

ARC

2001 S. Kanner Hwy

City

STUART

FL

Zip Code

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

JOHN B. GONZALEZ TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/02

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

TITLE	PD	☒ Delete
NAME	BORRIE, DOUGLAS	
STREET ADDRESS	3525 W MIDWAY RD	
CITY-ST-ZIP	FT PIERCE FL 34881	
TITLE	VP	☐ Delete
NAME	AUSTIN, PAT	
STREET ADDRESS	300 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	☒ Delete
NAME	WINTERBURN, PATRICIA	
STREET ADDRESS	2400 SE SALERNO ROAD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	☒ Delete
NAME	DURANT, MITCHELL J	
STREET ADDRESS	1071 E. 10TH STREET	
CITY-ST-ZIP	STUART FL 34996	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	AUSTIN, PAT	
STREET ADDRESS	300 HOSPITAL AVE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	JAN DEAN	☐ Change ☒ Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	P.O. Box 3012	
CITY-ST-ZIP	STUART, FL 34995	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	MARY JONES	
STREET ADDRESS	2750 S. KANNER HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	JOHN GONZALEZ	
STREET ADDRESS	2001 S. KANNER HWY	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		☐ Change ☐ Addition
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:

JOHN B. GONZALEZ, TREAS. 4/9/02 (561) 283-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)