

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001410

1. Entity Name

EAST STUART COMMUNITY COALITION, INC.

R

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90036 016 ****61.25

Principal Place of Business

800 BAHAMA AVE.
 STUART FL 34994

Mailing Address

P.O. BOX 643
 STUART FL 34994
 US

2. Principal Place of Business

601 Lake Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Stuart

City & State

4. FEI Number

65-0525898

Applied For

Not Applicable

Zip

34994

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, PEARLIE B
 4505 SE NIMROD LANE
 STUART FL 34996

7. Name and Address of New Registered Agent

Name

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

611 S.E. Florida Street

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

Pearlie B. Clark

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-3-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	TD	<input type="checkbox"/> Delete
NAME	GRANT, LORENE	
STREET ADDRESS	1608 ARAPAHO AVENUE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, PEARLIE	
STREET ADDRESS	4505 SE NIMROD LN	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEORGE, SERETHA	
STREET ADDRESS	747 M.L.K., JR BLVD	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, RALEIGH L	
STREET ADDRESS	704 E LAKE ST	
CITY-ST-ZIP	STUART FL 34994	
TITLE	MD	<input type="checkbox"/> Delete
NAME	GIPSON, MILDRED D	
STREET ADDRESS	913 E LAKE ST	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMPEL, KEVIN	
STREET ADDRESS	512 CORTEZ AVENUE	
CITY-ST-ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary C. Davis	
STREET ADDRESS	920 East 8th Street	
CITY-ST-ZIP	Stuart FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Clark	
STREET ADDRESS	5893 SE 47th Street	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirton Francis	
STREET ADDRESS	907 E. 16th Street	
CITY-ST-ZIP	Stuart FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edith Duhart	
STREET ADDRESS	1617 Dixi Highway	
CITY-ST-ZIP	Stuart FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria J. Powell	
STREET ADDRESS	911 E. Lake Street	
CITY-ST-ZIP	Stuart FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Edwards	
STREET ADDRESS	2716 SE Amherst Street	
CITY-ST-ZIP	Stuart FL 34996	

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:

Pearlie B. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-3-00

561
 467-4176

CR2E037 (5/00)