

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91355 030 ****61.25

DOCUMENT # N94000001410

1. Entity Name

EAST STUART COMMUNITY COALITION, INC.

Principal Place of Business

**601 LAKE STREET
 STUART FL 34994**

Mailing Address

**P.O. BOX 643
 STUART FL 34994
 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

65-0525898

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

**CLARK, PEARLIE B
 4505 SE NIMROD LANE
 STUART FL 34996**

Name

Pearlie B. Clark

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/ *Pearlie B. Clark*

4/28/01

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 **TD** ☐ Delete
 NAME **GRANT, LORENE**
 STREET ADDRESS **1608 ARAPAH0 AVENUE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **E D** ☐ Change ☒ Addition
 NAME **Mary C. Davis**
 STREET ADDRESS **920 East 8th Street**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **PD** ☐ Delete
 NAME **CLARK, PEARLIE**
 STREET ADDRESS **4505 SE NIMROD LN**
 CITY-ST-ZIP **STUART FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Pearlie Clark**
 STREET ADDRESS **611 S.E. Florida Street**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **VD** ☐ Delete
 NAME **GEORGE, SERETHA**
 STREET ADDRESS **747 M.L.K., JR BLVD**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kimberly Clark**
 STREET ADDRESS **5893 SE 47th Street**
 CITY-ST-ZIP **Stuart, FL 34997**

TITLE **SD** ☐ Delete
 NAME **JACKSON, RALEIGH L**
 STREET ADDRESS **704 E LAKE ST**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kirton Francis**
 STREET ADDRESS **907 East 10th Street**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **MD** ☒ Delete
 NAME **GIPSON, MILDRED D**
 STREET ADDRESS **913 E LAKE ST**
 CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Edith Duhart**
 STREET ADDRESS **1617 Dixie Highway**
 CITY-ST-ZIP **Stuart, FL 34996**

TITLE **D** ☒ Delete
 NAME **HEMPEL, KEVIN**
 STREET ADDRESS **512 CORTEZ AVENUE**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Change ☒ 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

4/28/01 561-467-4184

CR2E037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

0016056

DOCUMENT # N94000001410

1. Entity Name

EAST STUART COMMUNITY COALITION, INC.

Attachment
N94000001410
767221

Principal Place of Business

800 BAHAMA AVE.
STUART FL 34994

Mailing Address

P.O. BOX 643
STUART FL 34994
US

No changes-addition made

2. Principal Place of Business

601 Lake Street

Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARK, PEARLIE B
4505 SE NIMROD LANE
STUART FL 34996

*Will you please
make changes
thanks*

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, *Pearlie B Clark*

9-3-00

(NOTE: Registered Agent signature required when reinstating)

DATE

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. 10th 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.

CR2E037 (5/00)

561