

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002430

1. Entity Name

PORT SALERNO REVITALIZATION COMMITTEE, INC.

(R)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90015 048 ****61.25

Principal Place of Business

PORT SALERNO
P.O. BOX 567
PORT SALERNO FL 34992
US

Mailing Address

PORT SALERNO
P.O. BOX 567
PORT SALERNO FL 34992-0567
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

65-0583479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, PATRICIA I ESQ.
73 S.W. FLAGLER AVE.
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 S ☒ Delete
NAME WRIGHT, LESLIE
STREET ADDRESS 2838 NE SEWALLS LANDING
CITY-ST-ZIP JENSEN BCH FL 34957

TITLE D ☐ Change ☐ Addition
NAME MEL SHERMAN
STREET ADDRESS 5520 SE PARAMOUNT DR
CITY-ST-ZIP STUART FL 34992

TITLE D ☐ Delete
NAME MEYER, MARY ANNE
STREET ADDRESS 5239 SE EBBTIDE AVE - #108 SE BARCELONA ST
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRIEN, PETER
STREET ADDRESS 5959 S.E. HORSESHOE PT. RD.
CITY-ST-ZIP STUART FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HAAGER, RICHARD
STREET ADDRESS 4941 SE KINGFISH AVE
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME BLACKMAN, ELBERT C
STREET ADDRESS 8496 PALM HAMMOCK
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HEMPHILL, NANCY
STREET ADDRESS 3756 SE MIDDLE LANE
CITY-ST-ZIP STUART FL 33455

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 addition with an address, with all other like empowered.

SIGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14

Date

561-221-9002

Daytime Phone #

CR2E037 (3/99)