

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90029 049 ****61.25

DOCUMENT # N95000002430

1. Entity Name

PORT SALERNO REVITALIZATION COMMITTEE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0583479

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TAYLOR, PATRICIA I ESQ.
73 S.W. FLAGLER AVE.
STUART FL 34994**

Name

NANCY LEE MALCOLM

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

611 SOUTH FEDERAL HWY, Ste L

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 *Nancy Lee Malcolm*

NANCY LEE MALCOLM

1-24-02

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 **SHERMAN, MEL**
STREET ADDRESS **5520 SE PARAMOUNT DRIVE**
CITY-ST-ZIP **STUART FL 34992**

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

TITLE **D** ☐ Delete
NAME **MCNULTY, LIZ**
STREET ADDRESS **P O BOX 1129**
CITY-ST-ZIP **PORT SALERMO FL 34992**

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

TITLE **VP** ☐ Delete
NAME **GRIEN, PETER**
STREET ADDRESS **4589 SW BAYSHORE TER**
CITY-ST-ZIP **STUART FL 34997**

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 CAMDEN ST**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☒ Delete
NAME **KURTZ, BILL**
STREET ADDRESS **P O BOX 1350**
CITY-ST-ZIP **STUART FL 34995-1350**

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **MEYER, MARY-ANNE**
CITY-ST-ZIP **4108 SE BARCELONA ST**
STUART FL 34997

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 *Nancy L. Hemphill* **NANCY L. HEMPHILL, PRESIDENT** **1/24/02** **561-781-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)