

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000519

1. Entity Name

MARTIN COUNTY CONSERVATION ALLIANCE, INC. ✓

Principal Place of Business

Mailing Address

P.O. BOX 1923
STUART FL 34995

P.O. BOX 1923
STUART FL 34995

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

NOT APPLICABLE

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

BRUMFIELD, LLOYD
11225 SW MEADOWLARK CIRCLE
STUART FL 34997-2730

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HEIMS, HOWARD
STREET ADDRESS 6750 SW GAINES AVENUE
CITY-ST-ZIP STUART FL 34994

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

TITLE D ☐ Delete
NAME MELZER, DONNNA D
STREET ADDRESS 3471 CENTRE COURT
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE DT ☐ Delete
NAME TOMLINSON, TOM
STREET ADDRESS PO BOX 316 N/A
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE D ☒ Delete
NAME BAKER, DONALD
STREET ADDRESS 865 NE VANDA TERRADO
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE P ☒ Change ☒ Addition
NAME BAUSCH JOAN
STREET ADDRESS 20 S. SEWALL'S POINT ROAD
CITY-ST-ZIP SEWALL'S POINT, FL. 34996

TITLE D ☐ Delete
NAME BALDWIN, PHILIP
STREET ADDRESS 890 NE OCEAN BLVD
CITY-ST-ZIP STUART FL 34996

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

TITLE ☐ Delete
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: Tom Tomlinson REQUIRION TOMLINSON AUG. 25 2002 (561) 283 2325

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90002 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)