

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001802

1. Entity Name

CITIZENS TO PROTECT HUTCHINSON ISLAND, INC.

**FILED**  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90071 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1855 SOUTH KANNER HIGHWAY  
STUART FL

P.O. BOX 1197  
STUART FL 34955-1197

2. Principal Place of Business

3. Mailing Address

P.O. Box 1197  
Suite, Apt. #, etc.

Suite, Apt. #, etc.  
P.O. Box 6117

City & State  
STUART

City & State  
Jensen Beach

4. FEI Number

65-0834316

Applied For

Not Applicable

Zip  
34955

Country

Zip

34957

Country

Barbican

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

SHERLOCK, VIRGINIA P  
1855 SOUTH KANNER HIGHWAY  
STUART FL

Name  
LITMAN SHERLOCK & HEINS P.A.

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HANNAH, GORDON  
1456 NE OCEAN BLVD.  
STUART FL 34996 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
SARVER, ROGER  
2641 NE OCEAN BLVD.  
STUART FL 34996 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEVENSTEIN, RICHARD  
312 W. OCEAN BLVD.  
STUART FL 34994 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOB Lincoln  
1289 NE OCEAN Blvd. #7  
STUART, FL. 34956 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GORDON HANNAH (President) 5/3/00

Date

Daytime Phone #

CR2E037 (9/99)