2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on art attachment with

SIGNATURE:

an address

FILED DOCUMENT # N97000007145 May 09, 2000 8:00 am Secretary of State THE ARTS FOUNDATION FOR MARTIN COUNTY, INC. 05-09-2000 90059 048 ****61.25 Principal Place of Business Mailing Address 1100 S FEDERAL HWY 1100 S FEDERAL HWY STUART FL 34994-3823 STUART FL 34994 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0819846 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)-FOX, M. LANNING --1100 S FEDERAL HWY STUART FL 34997 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition Delete X Change TITLE Rosalen Cline FOX, M. LANNING NAME NAME **2818** SE Dune Drive STREET ADDRESS STREET ADDRESS 1100 S FEDERAL HWY \$tuart, FL 34996 CITY-ST-7IP CITY-ST-7/P STUART FL 34997 X Change ☐ Addition TITLE Delete TITLE Robert E. Valle FERRARO, SAMIA NAME NAME STREET ADDRESS STREET ADDRESS 40 SE ST LUCIE BLVD 5010 Burning Tree Circle CITY-ST-7IP CITY-ST-ZIP STUART FL 34996 ≨: Addition 🔀 Change ☐ Delete TITLE NAMÉ ROLO: WILLIAM~ NAME ~~ STREET ADDRESS STREET ADDRESS 4154 SE FAIRWAY E CITY-ST-7IP CITY-ST-ZIP STUART FL 34997 Addition Change ☐ Delete TITLE NAME Nancy K. Turrell STREET ADDRESS STREET ADDRESS 80 E. Ocean Blvd. CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34994 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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