

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007145

1. Entity Name

THE ARTS FOUNDATION FOR MARTIN COUNTY, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90566 010 ****61.25

Principal Place of Business

Mailing Address

1100 S FEDERAL HWY
 STUART FL 34994

1100 S FEDERAL HWY
 STUART FL 34994

B0095441

2. Principal Place of Business

80 E Ocean Blvd
 Suite, Apt. #, etc.

3. Mailing Address

80 E Ocean Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0819846

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOX, M. LANNING
 1100 S FEDERAL HWY
 STUART FL 34997

7. Name and Address of New Registered Agent

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CD
 ROLO, WILLIAM
 4154 SE FAIRWAY E
 STUART FL 34997 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CLINE, ROSALEN
 2818 SE DUNE DR.
 STUART FL 34996 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 VALLE, ROBERT E
 5010 BURNING TREE CIR
 STUART FL 34997 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ED
 TURRELL, NANCY K
 80 E. OCEAN BLVD
 STUART FL 34994 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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☐ Change ☐ Addition

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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 K Turrell

1/29/02

561-287-4676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)