

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90013 001 ****61.25

DOCUMENT # N98000004663

1. Entity Name

HOBE SOUND CITIZENS ALLIANCE, INC.

Principal Place of Business

Mailing Address

~~9004 SE GLEASON STREET~~
 HOBE SOUND FL 33455
618 EAST OCEAN BLVD.
SUITE 5
STUART, FLORIDA

~~9004 SE GLEASON STREET~~
~~HOBE SOUND FL 33455~~
P.O. BOX 1197
STUART, FLORIDA 34995

2. Principal Place of Business **34995**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0857188

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

SHERLOCK, VIRGINIA P
~~**1855 S KANNER HWY**~~
STUART FL 34995

618 EAST OCEAN BLVD.
SUITE 5
STUART, FLORIDA 34995

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	MERRILL, MARY A	
STREET ADDRESS	9004 SE GLEASON STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	COX, JACK	
STREET ADDRESS	12130 SE INDIAN RIVER ROAD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEIGEL, DOTTY	
STREET ADDRESS	12331 SE INDIAN RIVER ROAD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAISDELL, SUE	
STREET ADDRESS	12201 S.E. HECKLER DRIVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRILEY, SUZANNE	
STREET ADDRESS	12065 S.E. ZEUS STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D - PRESIDENT	<input type="checkbox"/> Delete
NAME	OVERHOLT, RUSS	
STREET ADDRESS	9042 S.E. APPOLO STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)