

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90031 050 \*\*\*\*61.25

**DOCUMENT # N98000004663**

1. Entity Name

**HOBE SOUND CITIZENS ALLIANCE, INC.**

Principal Place of Business

Mailing Address

**618 EAST OCEAN BLVD  
 STE 5  
 STUART FL 34995**

**PO BOX 1197  
 STUART FL 34995**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 761**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Hobe Sound, FL**

4. FEI Number

**65-0857188**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33475**

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  
 618 EAST OCEAN BLVD  
 STE 5  
 STUART FL 34995 34994**

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 **VTD** ☐ Delete  
 NAME **COX, JACK**  
 STREET ADDRESS **12130 SE INDIAN RIVER ROAD**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Gilbert Miller**  
 STREET ADDRESS **P.O. Box 132**  
 CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE **SD** ☒ Delete  
 NAME **WEIGEL, DOTTY**  
 STREET ADDRESS **12331 SE INDIAN RIVER ROAD**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Brian Gentry**  
 STREET ADDRESS **9346 SE Mercury Street**  
 CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE **D** ☐ Delete  
 NAME **BLAISDELL, SUE**  
 STREET ADDRESS **12201 S.E. HECKLER DRIVE**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Don Smith**  
 STREET ADDRESS **10421 SE Soundings Drive**  
 CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE **D** ☐ Delete  
 NAME **BRILEY, SUZANNE**  
 STREET ADDRESS **12065 S.E. ZEUS STREET**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Rev. Joseph Berrian**  
 STREET ADDRESS **P.O. Box 14**  
 CITY-ST-ZIP **Hobe Sound, FL 33475**

TITLE **DP** ☐ Delete  
 NAME **OVERHOLT, RUSS**  
 STREET ADDRESS **9042 S.E. APPOLO STREET**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Joan Bowes**  
 STREET ADDRESS **12628 Cascades Court**  
 CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **Michael Stewart**  
 STREET ADDRESS **12130 SE Indian River Drive**  
 CITY-ST-ZIP **Hobe Sound, FL 33455**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/02**  
 Date

**(561) 219-4960**  
 Daytime Phone #

CR2E037 (9/01)