

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90271 024 ****61.25

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1. Entity Name

HOBE SOUND CITIZENS ALLIANCE, INC.



Principal Place of Business

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

Mailing Address

**PO BOX 761
HOBE SOUND FL 33475**

2. Principal Place of Business

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
618 EAST OCEAN BLVD
STE 5
STUART FL 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VID
COX, JACK
~~42180 SE INDIAN RIVER ROAD~~ 12171 S.E. Heckler Dr.
HOBE SOUND FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Cox, Jack
12171 S.E. Heckler Dr.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, GILBERT
PO BOX 132
HOBE SOUND FL 33475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D PRESIDENT
SMITH, DON
10421 SE SOUNDINGS DRIVE
HOBE SOUND FL 33455**

TITLE
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 REQUIRED

JACK S. Cox 2/10/03 561-627-5605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #

CR2E037 (10/02)