

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N99000000626*

1. Entity Name

Montebello at Martin Downs Home Owners Assoc. Inc.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90005 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

00025001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3089 SW Montebello Place

3. Mailing Address

P.O. Box 2024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, Florida

City & State

Palm City, Florida

34990

Martin

33491

Martin

4. FEI Number

KF65-0290833

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

Name

Thomas C. Boyd

Street Address (P.O. Box Number is Not Acceptable)

3089 SW Montebello Place

Palm City, Florida

34990

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

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	Thomas C. Boyd	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	3089 SW Montebello Place	
CITY-ST-ZIP	Palm City, FL. 34990	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Steve Littauer	
STREET ADDRESS	3041 SW Montebello Place	
CITY-ST-ZIP	Palm City, FL. 34990	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Tom Mead	
STREET ADDRESS	3137 SW Montebello Place	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Ed Carr	
STREET ADDRESS	3097 SW Montebello Place	
CITY-ST-ZIP	Palm City, Fl. 34990	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Jim Gillespie	
STREET ADDRESS	3113 SW Montebello Place	
CITY-ST-ZIP	Palm City, FL. 34990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-16-00* *561-219-0255*

CR2E037 (9/99)