

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002853

1. Entity Name

HOMELESS COALITION OF MARTIN COUNTY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90119 031 ****61.75

Principal Place of Business	Mailing Address
4650 SE COVE ROAD STUART FL 34997	4650 SE COVE ROAD STUART FL 34997-3344

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0922744	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZAMBO, RICHARD
 598 SW HIDDEN RIVER AVE
 PALM CITY FL 34990

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

FILE NOW:
FEES 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	p/D	<input type="checkbox"/> Delete
NAME	Moe Johnson	
STREET ADDRESS	3370 NE West Court	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	v/D	<input type="checkbox"/> Delete
NAME	Schonna Green	
STREET ADDRESS	3092 SE Hawthorne Street	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	T/S/D	<input type="checkbox"/> Delete
NAME	Erneen Reid	
STREET ADDRESS	4650 SE Cove Road	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	Les Jackman	
STREET ADDRESS	821 Martin Luther King Blvd.	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	Richard Zambo	
STREET ADDRESS	598 SW Hidden River Avenue	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: Richard Zambo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 561 220943
 Date Daytime Phone #

CF2E037 (9/99)