

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005473

1. Entity Name

WITHAM AIRPORT ACTION MAJORITY, INC.

Principal Place of Business

2336 SE OCEAN BLVD.  
SUITE 172  
STUART FL 34996

Mailing Address

2336 SE OCEAN BLVD.  
SUITE 172  
STUART FL 34996-3310

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BRODIE, LAWRENCE P  
525 CAMDEN AVENUE  
STUART FL 34994

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHANLEY, WILLIAM F	
STREET ADDRESS	2600 SE OCEAN BLVD., N-7	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK, MARYELLEN	
STREET ADDRESS	1800 SE ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TURNER, RONALD D. V	
STREET ADDRESS	25 ISLAND ROAD	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	Greg. Melendez V/D	
STREET ADDRESS	521 S.E. Edgewood Dr	
CITY-ST-ZIP	Stuart FL 34966	
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:

WILLIAM F. SHANLEY William F. Shanley 3-27-200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-286-1234

FILED  
Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90059 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)