

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90013 017 \*\*\*\*61.25

DOCUMENT # N93000005394

1. Entity Name

**MARTIN HOUSING ALLIANCE, INCORPORATED**

Principal Place of Business

Mailing Address

2307 S.E. MONTEREY RD.  
 STUART FL 34996

2307 S.E. MONTEREY RD.  
 STUART FL 34996-3331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**Martin Housing Alliance, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**C/O 4500 W. Midway Road**

Zip

Country

Zip

Country

**Fort Pierce, FL**

**34981-4823**

**St. Lucie**

4. FEI Number

**65-0462958**

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

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

City

**FL**

Zip Code

**SOPKO, JAMES**  
**2307 SE MONTEREY ROAD**  
**STUART FL 34996**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOLL, WILLIAM</b>	
STREET ADDRESS	<b>10979 WETLAND WAY</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, ROBERT Z</b>	
STREET ADDRESS	<b>1450 SE BREWSTER PL.</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WAKEFIELD, LINDA</b>	
STREET ADDRESS	<b>714 AVENUE H</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRAKEL, BARBARA J</b>	
STREET ADDRESS	<b>1033 S.E. 14TH STREET</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Barnes, Laurie L.</b>	
STREET ADDRESS	<b>1033 S.E. 14th St.</b>	
CITY-ST-ZIP	<b>Stuart, FL 34996</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>McAdams, Diane</b>	
STREET ADDRESS	<b>1509 S.E. Lark</b>	
CITY-ST-ZIP	<b>Stuart, FL 34996</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: Barbara J Brakel **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

221-4068

Daytime Phone #

CR2E037 (9/99)