

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

DOCUMENT # 723706

1. Entity Name

UNITED WAY OF MARTIN COUNTY, INC..

FILED

00 APR 10 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

50 KINDRED ST #207
PO BOX 362
STUART FL 34995

Mailing Address

50 KINDRED ST #207
PO BOX 362
STUART FL 34995-0362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



3/28/00 90097047 \$70.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7273540

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATSCH, STEPHEN V
50 KINDRED ST., SUITE 207
STUART FL 34994

7. Name and Address of New Registered Agent

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

50 Kindred Street Suite 207
City Stuart FL 34994

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]

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

James P. Vojcsik, Executive Director 1/24/00

(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	HEILBRONNER, FREDRIC D.	<input checked="" type="checkbox"/> Delete
NAME		701 COLORADO AVE	
STREET ADDRESS		STUART FL	
CITY-ST-ZIP			
TITLE	VD	TODZIA, DANIEL P	<input checked="" type="checkbox"/> Delete
NAME		900 S. FEDERAL HWY. #300	
STREET ADDRESS		STUART FL 34994	
CITY-ST-ZIP			
TITLE	VD	POWERS, BRIAN J	<input checked="" type="checkbox"/> Delete
NAME		16600 S.W. WARFIELD BLVD.	
STREET ADDRESS		INDIANTOWN FL	
CITY-ST-ZIP			
TITLE	SM	BATSCH, STEPHEN V	<input checked="" type="checkbox"/> Delete
NAME		50 KINDRED ST., STE. 207	
STREET ADDRESS		STUART FL	
CITY-ST-ZIP			
TITLE	PD	SCOTT, RACHEL	<input checked="" type="checkbox"/> Delete
NAME		1401 SE MONTEREY RD	
STREET ADDRESS		STUART FL 34994	
CITY-ST-ZIP			
TITLE	T	THOMAS, ROBERT J.	<input checked="" type="checkbox"/> Delete
NAME		750 FEDERAL HWY, SUIT 200	
STREET ADDRESS		STUART FL	
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
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

REFER TO ATTACHED
LIST OF UNITED Way
OFFICERS 1999/00

CR2E037 (9/99)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

561-283-4800

Date

Daytime Phone #

KE