

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90116 026 \*\*\*\*70.00

**DOCUMENT # 723706**

1. Entity Name\*

**UNITED WAY OF MARTIN COUNTY, INC..**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7273540**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VAJESIK, JAMES P**  
**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** Zip Code **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

*James P. Vojcsik* **EXECUTIVE DIRECTOR**

**4/24/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VOJCSIK, JAMES P</b> <b>50 KINDRED ST</b> <b>STUART FL 34995</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POWERS, BRIAN J</b> <b>PO BOX 8</b> <b>INDIANTOWN FL 34956-0008</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLEAVER, CHARLES E</b> <b>PO BOX 9010</b> <b>STUART FL 34995-9010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GRANT, BARRY</b> <b>2435 SE DIXIE HIGHWAY</b> <b>STUART FL 34996</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TODZIA, DANIEL P</b> <b>900 SOUTH FEDERAL HIGHWAY, SUITE 300</b> <b>STUART FL 34994</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOAG, CHARLENE</b> <b>2400 SE FEDERAL HIGHWAY</b> <b>STUART FL 34994</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Sara A. Wilcox</b> <b>500 E Ocean Blvd.</b> <b>Stuart, FL 34994-2572</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>William R. Hahl</b> <b>PO Box 9012</b> <b>Stuart, FL 34995</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sister Teresa Anad</b> <b>950 S Kanner Ave.</b> <b>Stuart, FL 34994</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Susan Kinane</b> <b>310 Denver Avenue</b> <b>Stuart, FL 34994</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Daniel P. Todzia</b> <b>969 S Federal Highway Ste. 200</b> <b>Stuart, FL 34994</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Betty Kroesen-Miner</b> <b>PO Drawer H</b> <b>Port Salerno, FL 34992</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*James P. Vojcsik* **James P. Vojcsik**

**4/24/01 561-283-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)