

**2000 UNIFORM BUSINESS REPORT (UBR)**

Pg. 1 of 2

DOCUMENT # 723706

FILED

00 APR 10 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

UNITED WAY OF MARTIN COUNTY, INC..

Principal Place of Business

Mailing Address

50 KINDRED ST #207  
PO BOX 362  
STUART FL 34995

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

4. FEI Number

23-7273540

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

3/28/00 90097-047 \$70.00

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name James P. Vajesik  
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 [Signature] James P. Vajesik, Executive Director 1/24/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HEILBRONNER, FREDRIC D. 701 COLORADO AVE STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TODZIA, DANIEL P 900 S. FEDERAL HWY. #300 STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWERS, BRIAN J 16600 S.W. WARFIELD BLVD. INDIANTOWN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM BATSCHKE, STEPHEN V 50 KINDRED ST., STE. 207 STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, RACHEL 1401 SE MONTEREY RD STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, ROBERT J. 758 FEDERAL HWY, SUIT 200 STUART FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REFER TO ATTACHED  
LIST OF UNITED WAY  
OFFICERS 1999/00

KE

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] James P. Vajesik 1/24/00 561-283-4800  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)