

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729335

1. Entity Name

COUNCIL ON AGING OF MARTIN COUNTY, INC.

Principal Place of Business

Mailing Address

1071 E 10TH ST  
STUART FL 34996

P.O. BOX 3029  
STUART FL 34995-3029

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

52-1007762

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

KAUFFMAN, BARBARA  
1071 E 10TH ST  
STUART FL 34996

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS GRAY, JOAN  
CITY-ST-ZIP 1071 E 10TH ST  
STUART FL 34995

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS PESCITELLI, MIKE  
CITY-ST-ZIP 1071 E 10TH ST  
STUART FL 34995

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CLEAVER, CHARLES R  
CITY-ST-ZIP PO BOX (N/A)  
STUART FL 34995

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Cleaver, Charles R  
CITY-ST-ZIP 1071 E. 10th St  
Stuart FL 34996

TITLE ☐ Delete  
NAME C  
STREET ADDRESS SCHOONOVER, NICKI  
CITY-ST-ZIP P O BOX 1375 NA  
PALM CITY FL

TITLE ☒ Change ☐ Addition  
NAME C  
STREET ADDRESS SCHOONOVER, NICKI  
CITY-ST-ZIP 1071 E. 10th St  
Stuart FL 34996

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Charles R. Cleaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-2000 223-7800

CR2E037 (9/99)