

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**  
 02-28-2000 90007 046 \*\*\*\*61.25

**DOCUMENT # 755408**

1. Entity Name

**LIFELINE OF MARTIN COUNTY, INC.**

Principal Place of Business

Mailing Address

933 S.E. LINCOLN AVE.  
 STUART FL 34995

933 S.E. LINCOLN AVE.  
 STUART FL 34994-3810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2040028**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HEGGIE, VIRGINIA**  
**933 S.E. LINCOLN AVE.**  
**STUART FL 34995**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>VAN ORNAM, LINDA</b><br><b>801 S.E. FORGAL ST</b><br><b>PT ST LUCIE FL 34983</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT</b><br><b>HESFORD, ANNE</b><br><b>760 NE STOKES TERRACE</b><br><b>JENSEN BEACH FL</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DC</b><br><b>EUTENEUER, TOM</b><br><b>4500 SOUTH DIXIE</b><br><b>WEST PALM BEACH FL</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>DELDUCA, MARY</b><br><b>2258 S.E. BARON ST</b><br><b>PT ST LUCIE FL 34952</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>COYLE, JOANNE</b><br><b>2287 N.E. 16TH STREET</b><br><b>JENSEN BEACH FL 34957</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>DONALYN, KATY</b><br><b>2382 S.E. BOUNTY AVENUE</b><br><b>PT ST LUCIE FL 34952</b> | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Heggie, Virginia</b><br><b>1234 N.W. Spruce Ridge Dr.</b><br><b>Stuart, FL 34994</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 (561)286-4670  
 Date Daytime Phone #

CR2E037 (9/99)