

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90097 045 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 766844

1. Entity Name

MARTIN MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

501 E OSCEOLA
 STUART FL 34994

PO BOX 9010
 STUART FL 34995-9010
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2343938

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

HARMAN, RICHMOND M.
301 HOSPITAL AVE
STUART FL 34994

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:
FEES 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 **VC** Delete
 NAME **BOUGHNER, LEE**
 STREET ADDRESS **1918 SW CRANE CREEK AVENUE**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** Change Addition
 NAME **Baratta, Robert MD**
 STREET ADDRESS **2090 SE Ocean Blvd.**
 CITY-ST-ZIP **Stuart, FL. 34996**

TITLE **D** Delete
 NAME **CUTTER, LINDY**
 STREET ADDRESS **5671 SE FOXCROSS PLACE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **D** Change Addition
 NAME **Barnhorst, Larry**
 STREET ADDRESS **5946 Congressional Place**
 CITY-ST-ZIP **Stuart, FL. 34997**

TITLE **D** Delete
 NAME **GIACHINO, JUAN-CARLOS, MD**
 STREET ADDRESS **421 E. OSCEOLA**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** Change Addition
 NAME **Bee, Edward**
 STREET ADDRESS **Morgan Stanley Dean Witter**
 CITY-ST-ZIP **3rd Floor, 2100 E. Ocean Blvd. Stuart, FL. 34996**

TITLE **PD** Delete
 NAME **HARMAN, RICHMOND**
 STREET ADDRESS **301 HOSPITAL AVENUE**
 CITY-ST-ZIP **STUART FL**

TITLE **D** Change Addition
 NAME **Buckridge, Charles R.**
 STREET ADDRESS **6719 SE Marina Way**
 CITY-ST-ZIP **Stuart, FL. 34996**

TITLE **TD** Delete
 NAME **SWIFT, GEORGE**
 STREET ADDRESS **800 SE ROSEMARY BLVD STE 102**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **D** Change Addition
 NAME **Cribb, Rembert**
 STREET ADDRESS **474 South Beach Road**
 CITY-ST-ZIP **Hobe Sound, FL. 33455**

TITLE **SD** Delete
 NAME **ALLEN, KAREN**
 STREET ADDRESS **2150 GOLFVIEW LANE**
 CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
 NAME **SEE ATTACHEMENT FOR ADDLT MEMBERS**
 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:

R.M. Harman SIGNATURE RECEIVED R.M. Harman

4/27/2000 (561) 287-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

ATTACHMENT

C0092177
766844

MARTIN MEMORIAL FOUNDATION _ ADDITIONAL MEMBERS

D
CANNON, WILL
737 MOUNTAIN VIEW DRIVE
LEWISTON, NY 14092
5061 BRANDYWINE WAY (OCT-MAY)
STUART, FL. 34997

D
DERITA, TOM
5770 WHIRLAWAY ROAD
PALM BEACH GARDENS, FL. 33418

D
FRENKEL, RONALD E.P., M.D.
#104,-309 E. OSCEOLA ST.
STUART, FL. 34994

D
FUNSTON, JOY
117 N. SEWALL'S PT. ROAD
STUART, FL. 34996

D
GARVEY, TIM
P.O. BOX 2355
STUART, FL. 34995

D
HOBE, LOUISE
1729 SW THORNBERRY CIRCLE
PALM CITY, FL. 34990

D
HOOKER, JOCELYN
FIRST NATIONAL BANK
P.O. BOX 9012
STUART, FL. 34995

D
HORTON, MARY JO
2626 EGRET POND CIRCLE
PALM CITY, FL. 34990

D
KARDOS, LINDA MD
3066C SW MARTIN DOWNS BLVD.
PALM CITY, FL 34990

D
LEHACH, GEORGE
NORTHERN TRUST
2201 SE KINGSWOOD TERRACE
STUART, FL. 34995

D
LINDBLAD, STEVE
7967 SE HEMPSTEAD CIRCLE
HOBE SOUND, FL. 33455

D
MARSHALL, CRAIG
WILMINGTON TRUSTY
4725 N A1A
VEROBEACH, FL. 32963

D
PEACH, MERCIE
P.O. BOX 2505
PALM CITY, FL. 34990

D
PENDERGAST, JAMES
1520 SW PENDARVIS COURT
PALM CITY, FL. 34990

D
PETIT, STEVE
CREECH ENGINEERS
203 W. 3RD STREET
STUART, FL. 34994

D
ROBBINS, SAMUEL H.
2200 SW LONGWOOD DRIVE
PALM CITY, FL. 34990

D
RODGERS, GERTRUDE
6245 SE IRONWOOD CIRCLE
STUART, FL. 34997

D
SANTARSIERO, JOHN JR.
3727 SE DOUBLETON DRIVE
STUART, FL. 34997

OVER