

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90118 027 ****61.25

DOCUMENT # N01000007846

1. Entity Name

MARTIN COUNTY SPECIAL NEEDS TRAINING, INC.

Principal Place of Business

Mailing Address

**3605 SE SALERNO ROAD
 STUART FL 34997**

**3605 SE SALERNO ROAD
 STUART FL 34997**

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

80-0024642

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

7. Name and Address of New Registered Agent

**FELDMAN, ELIZABETH R
 5181 NASSAU TERRACE
 STUART FL 34997**

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	D <input type="checkbox"/> Delete
NAME	FELDMAN, ELIZABETH R
STREET ADDRESS	5181 NASSAU TERRACE
CITY-ST-ZIP	STUART FL 34997
TITLE	D <input type="checkbox"/> Delete
NAME	COHEN, JERRY
STREET ADDRESS	13 FAIRWAY CIRCLE S
CITY-ST-ZIP	MANHASSETT NY
TITLE	D <input type="checkbox"/> Delete
NAME	FELDMAN, CHARLES
STREET ADDRESS	5181 NASSAU TERRACE
CITY-ST-ZIP	STUART FL 34997
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Sapienza
STREET ADDRESS	3043 SW Marco Lane
CITY-ST-ZIP	Palm City FL 34990
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Berler
STREET ADDRESS	13018 Touchstone Place
CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Schwartz
STREET ADDRESS	6495 SE Circle St.
CITY-ST-ZIP	Hobe Sound FL 33455
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlene Roddy
STREET ADDRESS	7355 SW 33rd St
CITY-ST-ZIP	Palm City FL 34990
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samantha Roddy
STREET ADDRESS	7355 SW 33rd St.
CITY-ST-ZIP	Palm City, FL 34990
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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: *Elizabeth R Feldman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-22-02** Daytime Phone #: **772-286-0034**