

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007846

1. Entity Name

MARTIN COUNTY SPECIAL NEEDS TRAINING, INC.

FILED

May 06, 2002 8:00 am  
Secretary of State

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

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 ☐ Delete  
NAME FELDMAN, ELIZABETH R  
STREET ADDRESS 5181 NASSAU TERRACE  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☒ Addition  
NAME William Sapienza  
STREET ADDRESS 3043 SW Marco Lane  
CITY-ST-ZIP Palm City FL 34990

TITLE ☒ D ☐ Delete  
NAME COHEN, JERRY  
STREET ADDRESS 13 FAIRWAY CIRCLE S  
CITY-ST-ZIP MANHASSETT NY

TITLE ☐ Change ☒ Addition  
NAME Beverly Berler  
STREET ADDRESS 13018 Touchstone Place  
CITY-ST-ZIP Palm Beach Gardens FL 33418

TITLE ☒ D ☐ Delete  
NAME FELDMAN, CHARLES  
STREET ADDRESS 5181 NASSAU TERRACE  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☒ Addition  
NAME Patricia Schwartz  
STREET ADDRESS 6495 SE Circle St.  
CITY-ST-ZIP Hobe Sound FL 33455

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Charlene Roddy  
STREET ADDRESS 7355 SW 33rd St  
CITY-ST-ZIP Palm City FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Samantha Roddy  
STREET ADDRESS 7355 SW 33rd St  
CITY-ST-ZIP Palm City, FL 34990

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:

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

4-22-02

Date

722-286-0034

Daytime Phone #

CR2E037 (9/01)