

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90002 039 \*\*\*\*61.25

**DOCUMENT # N13462**

1. Entity Name

**THE WOMEN'S CENTER OF MARTIN COUNTY, INC.**

Principal Place of Business

Mailing Address

**448 EAST OSCEOLA STREET  
 STUART FL 34994**

**448 EAST OSCEOLA STREET  
 STUART FL 34994-2577**

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

**59-2667106**

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

**CREECH, JILL  
 448 E OSCEOLA ST  
 STUART FL 33994**

Name

**Leslie T. Corcoran**

Street Address (P.O. Box Number is Not Acceptable)

**5600 SE Windsong Way**

City **Stuart**

**FL**

Zip Code  
**34997**

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

*Leslie T. Corcoran*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/07/00**

**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 **P** ☒ Delete  
 NAME **CREECH, JILL**  
 STREET ADDRESS **6856 SW WOODBINE WY**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Brian Powers**  
 STREET ADDRESS **P.O. Box 8**  
 CITY-ST-ZIP **Indiantown, FL. 34956**

TITLE **VP** ☒ Delete  
 NAME **DUPUY, DONNA**  
 STREET ADDRESS **301 HOSPITAL AVE**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE **T** ☐ Change ☒ Addition  
 NAME **Leslie T. Corcoran**  
 STREET ADDRESS **5600 SE Windsong Way**  
 CITY-ST-ZIP **Stuart, FL. 34997**

TITLE **D** ☐ Delete  
 NAME **NEGRON, JOSEPH**  
 STREET ADDRESS **5722 SE MITZI LN**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Karen Ripper**  
 STREET ADDRESS **5610 SW Grove Street**  
 CITY-ST-ZIP **Palm City, FL. 34990**

TITLE **SD** ☐ Delete  
 NAME **ALCORTA, CANDACE**  
 STREET ADDRESS **8136 SE WINDJAMMER WY**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Change ☐ Addition  
 NAME **SEE ATTACHEMENT FOR ADDL MEMBERS**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **SIPPEL, PHYLLIS**  
 STREET ADDRESS **300 HOSPITAL AVE**  
 CITY-ST-ZIP **STUART FL 34994**

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

TITLE **D** ☐ Delete  
 NAME **JORDAN, MARJORIE N**  
 STREET ADDRESS **12 CASTLE HILL WAY**  
 CITY-ST-ZIP **STUART FL 34996**

TITLE **P** ☒ Change ☐ Addition  
 NAME **JORDAN, MARJORIE**  
 STREET ADDRESS **12 CASTLE HILL WAY**  
 CITY-ST-ZIP **STUART, FL. 34996**

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:

*Leslie T. Corcoran*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Leslie T Corcoran**

**4/7/00**  
 Date

**(561)283-5909**  
 Daytime Phone #

CR2E037 (9/99)

Attach  
005/262  
N13462

WOMEN'S CENTER OF MARTIN COUNTY, INC.  
N13462

ADDITIONAL OFFICERS AND DIRECTORS

D  
WALKMAN, JUDY  
3601 SE MICANOPY TERRACE  
STUART FL 34997

D  
FRANK, BRITT W  
759 S FEDERAL HWY BLDG III STE 321  
STUART FL 34994

D  
LUST, LISA  
32A EAST OSCEOLA STREET  
STUART FL 34994

D  
RUSSELL, CHANEL  
524 SW ST LUCIE CRESCENT #302  
STUART FL 34994

D  
PAUL, ELLIOT  
2400 SE MONTEREY ROAD STE 302  
STUART FL 34996

D  
JOSEPH, SCOTT D  
117 ATLANTIC AVENUE  
FT PIERCE FL 34950

D  
GLASCO, MELINDA  
5290 SE SCHOONER OAKS WAY  
STUART FL 34997