

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90095 047 ****61.25

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DOCUMENT # N14391

1. Entity Name

BIG BROTHERS AND BIG SISTERS OF MARTIN COUNTY, I

Principal Place of Business

197 SW MONTEREY ROAD
 STUART FL 34994
 US

Mailing Address

G/O JANE L. CORNETT
 401 E. OSCEOLA STREET SUITE 102
 STUART FL 34994-2501

2. Principal Place of Business

5033 SE Federal Hwy
 Suite, Apt. #, etc.

3. Mailing Address

5033 SE Federal Hwy
 Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip
 34997

Country

Martin

City & State

Stuart, Florida

Zip
 34997

Country

Martin

4. FEI Number

59-2676889

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

CORNETT, JANE L.
 401 E. OSCEOLA STREET
 SUITE 102
 STUART FL 33494

7. Name and Address of New Registered Agent

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SHELIA	
STREET ADDRESS	2601 SW MONARCH CLUB DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRODIE, LAWRENCE	
STREET ADDRESS	819 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	MD	<input type="checkbox"/> Delete
NAME	DECKER, ELAINE	
STREET ADDRESS	197 SW MONTEREY ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANN VEGA, RUTH	
STREET ADDRESS	10770 SE FEDERAL HWY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Lindsay	
STREET ADDRESS	PO BOX 176	
CITY-ST-ZIP	Indiantown, FL 34956	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thea Lacey	
STREET ADDRESS	Martin School District	
CITY-ST-ZIP	PO Box 947 Pt. Salerno, FL 34992	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeannine Webster	
STREET ADDRESS	1943 SW Auduman Wood Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: John Lindsay Date: April 18, 2001 561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 2838373

CR2E037 (10/00)