

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90008 050 \*\*\*\*61.25

**DOCUMENT # N96000003477**

1. Entity Name

**COUNCIL ON AGING OF MARTIN COUNTY ALLIANCE, INC.**

Principal Place of Business

1071 EAST 10TH STREET  
 STUART FL 34996

Mailing Address

P.O. BOX 3029  
 STUART FL 34996

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

**65-0697328**

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

**KAUFFMAN, BARBARA A**  
**1071 EAST 10TH STREET**  
**STUART FL 34996**

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 Barbara Kauffman - President/CEO

01/24/01

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	TD	<input type="checkbox"/> Delete
NAME	CLEAVER, CHARLES R	
STREET ADDRESS	PO BOX 9033	
CITY-ST-ZIP	STUART FL 34996	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SCHOONOVER, NICKI	
STREET ADDRESS	1071 EAST 10TH STREET	
CITY-ST-ZIP	STUART FL 34996	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBBER, JE	
STREET ADDRESS	1071 EAST 10TH STREET	
CITY-ST-ZIP	STUART FL 34996	
TITLE	M	<input type="checkbox"/> Delete
NAME	KAUFFMAN, BARBARA	
STREET ADDRESS	1071 EAST 10TH STREET	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAY, JOAN	
STREET ADDRESS	1071 E 10TH ST	
CITY-ST-ZIP	STUART FL 34996	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS	1071 EAST 10TH STREET	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY WEBBER	
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Barbara Kauffman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-01

Date

Daytime Phone #

CR2E037 (10/00)