

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90267 036 \*\*\*\*61.25

0084419

**DOCUMENT # N98000000011**

1. Entity Name  
**BIG BROTHERS AND BIG SISTERS OF MARTIN COUNTY FO**

Principal Place of Business                      Mailing Address

~~187 SW MONTEREY ROAD~~                      ~~187 SW MONTEREY ROAD~~  
**STUART FL ~~34994~~ 34997**                      **STUART FL ~~34994~~ 34997**

A0058866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address

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

City & State                      City & State

**Stuart, FL**                      **Stuart, FL**

Zip                      Country                      Zip                      Country

**34997**                      **Martin**                      **34997**                      **Martin**

4. FEI Number                      Applied For

**65-0811722**                       Not Applicable

5. Certificate of Status Desired                      \$8.75 Additional Fee Required

                    

6. Name and Address of Current Registered Agent

**BRODIE, LAWRENCE P**  
**819 S FEDERAL HIGHWAY**  
**SUITE 106**  
**STUART FL 34994**

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**FILE NOW: FEE IS \$61.25**                      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br><del>SEALZER, GERALD D</del><br><del>10 SE CENTRAL PKWY, STE 101</del><br><del>STUART FL 34994</del> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VSD<br>BOWNE, E. LAWRENCE<br>729 S FEDERAL HWY, STE 300<br>STUART FL 34994                                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>DECKER, ELAINE<br>197 SW MONTEREY RD<br>STUART FL   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VSD<br>BRODIC, SALLY<br>6721 SE HARBOR CIRCLE<br>STUART FL 34996  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br>Ruth Ann Vega<br>10770 S.E. Fed'l Hwy<br>Hobe Sound, FL 34957 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

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: Ruth Ann Vega                      Ruth Ann Vega                      (561) 546-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (10/00)