

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000011

1. Entity Name

BIG BROTHERS AND BIG SISTERS OF MARTIN COUNTY FO

Principal Place of Business

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

Mailing Address

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

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, FL

Zip

34997

Country

Martin

City & State

Stuart, FL

Zip

34997

Country

Martin

4. FEI Number

65-0811722

Applied For

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

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	SEALZER, GERALD D	
STREET ADDRESS	10 SE CENTRAL PKWY, STE 101	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BOWNE, E. LAWRENCE	
STREET ADDRESS	729 S FEDERAL HWY, STE 300	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DECKER, ELAINE	
STREET ADDRESS	197 SW MONTEREY RD	
CITY-ST-ZIP	STUART FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BRODIC, SALLY	
STREET ADDRESS	6721 SE HARBOR CIRCLE	
CITY-ST-ZIP	STUART FL 34996	
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	PTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Ann Vega	
STREET ADDRESS	10770 S.E. Fed'l Hwy	
CITY-ST-ZIP	Hobe Sound, FL 34957	
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		
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:

Ruth Ann Vega Ruth Ann Vega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)
546-5555

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

04-26-2001 90267 036 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)