

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000011

1. Entity Name

BIG BROTHERS AND BIG SISTERS OF MARTIN COUNTY FOUNDATION, INC.

Principal Place of Business

5033 SE FEDERAL HWY.
STUART FL 34997

Mailing Address

5033 SE FEDERAL HWY.
STUART FL 34997

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

65-0811722

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

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

Name

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

525 S.W. Camden Avenue

City **Stuart**

FL

Zip Code **34996**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Delete
NAME **VEGA, RUTH ANN**
STREET ADDRESS **10770 S.E. FED'L HWY**
CITY-ST-ZIP **HOBE SOUND FL 34957**

TITLE **DEPTOR** ☐ Change ☒ Addition
NAME **LAWRENCE BRODIE**
STREET ADDRESS **6121 S.W. HARBOR CIRCLE**
CITY-ST-ZIP **STUART, FL 34996**

TITLE **VSD** ☒ Delete
NAME **BOWNE, E. LAWRENCE**
STREET ADDRESS **729 S FEDERAL HWY, STE 300**
CITY-ST-ZIP **STUART FL 34994**

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

TITLE **VD** ☐ Delete
NAME **DECKER, ELAINE**
STREET ADDRESS **197 SW MONTEREY RD**
CITY-ST-ZIP **STUART FL**

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

TITLE **VSD** ☐ Delete
NAME **BRODIE, SALLY**
STREET ADDRESS **6721 SE HARBOR CIRCLE**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☒ Change ☐ Addition
NAME **BRODIE, SALLY**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91789 038 ****61.25

00119113



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)