

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90417 032 \*\*\*\*61.25

UBR2003

**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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

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**  
**525 SW CAMDEN AVENUE**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>VEGA, RUTH ANN</b>	
STREET ADDRESS	<b>10770 S.E. FED'L HWY</b>	
CITY-ST-ZIP	<b>HOBÉ SOUND FL 34957</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DECKER, ELAINE</b>	
STREET ADDRESS	<b>197 SW MONTEREY RD</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>BRODIE, SALLY</b>	
STREET ADDRESS	<b>6721 SE HARBOR CIRCLE</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRODIE, LAWRENCE</b>	
STREET ADDRESS	<b>6721 S.E. HARBOR CIRCLE</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
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 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: *Sally H. Brodie* **Sally H. Brodie** 4/23/03 772-221-0110

CR2E037 (10/02)