

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90009 002 \*\*\*\*61.25

**DOCUMENT # N98000000680**

1. Entity Name

**MARTIN COUNTY ENRICHMENT FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**2201 S.E. KINGSWOOD TERRACE  
 STUART FL 34996**

**2201 S.E. KINGSWOOD TERRACE  
 STUART FL 34996-3345**

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

**APPLIED FOR**

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

7. Name and Address of New Registered Agent

**SOPKO, JAMES  
 2307 S.E. MONTEREY ROAD  
 STUART FL 34996**

Name

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

**853 SE Monterey Commons Blvd**

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

*James Sopko*

*2/16/00*

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WHEELER, GREG</b>
STREET ADDRESS	<b>2201 S.E. KINGSWOOD TERRACE</b>
CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CLINE, ROSALEN E</b>
STREET ADDRESS	<b>2818 S.E. DUNE DRIVE</b>
CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DEWINDT, KATHY</b>
STREET ADDRESS	<b>1955 S.W. ST. ANDREWS DRIVE</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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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:

*James Sopko*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/00*  
 Date

*561-287-7575*  
 Daytime Phone #

CR2E037 (9/99)