

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000680

1. Entity Name

MARTIN COUNTY ENRICHMENT FOUNDATION, INC.

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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2201 S.E. KINGSWOOD TERRACE STUART FL 34996	Mailing Address 2201 S.E. KINGSWOOD TERRACE STUART FL 34996-3345
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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 <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 DATE 2/16/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

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
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STREET ADDRESS		
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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: James Sopko DATE 2/16/00 561-287-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)