

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90112 022 \*\*\*\*61.25

**DOCUMENT # 734110**

1. Entity Name

**ADULT LITERACY SERVICE OF INDIAN RIVER COUNTY, I NC.**

Principal Place of Business

Mailing Address

1600 21ST STREET  
 VERO BEACH FL 32960

1600 21ST STREET  
 VERO BEACH FL 32960

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

**59-1987210**

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

**POWELL, MARY D**  
**1600 21ST STREET**  
**VERO BEACH FL 32960**

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

11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD**  Delete  
 NAME: **POWELL, MARY**  
 STREET ADDRESS: **1600 21ST STREET**  
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **VD**  Change  Addition  
 NAME: **Mary Silva, P.A.**  
 STREET ADDRESS: **5070 N. A1A, suite 222**  
 CITY-ST-ZIP: **VERO Beach FL 32963**

TITLE: **PD**  Delete  
 NAME: **CONNOLLY, HOWARD**  
 STREET ADDRESS: **1001 BAY ROAD**  
 CITY-ST-ZIP: **VERO-BEACH FL 32963**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **VD**  Delete  
 NAME: **WILLIAMS, ERNESTINE**  
 STREET ADDRESS: **4125-56TH AVENUE**  
 CITY-ST-ZIP: **VERO BEACH FL 32961**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **SD**  Delete  
 NAME: **LEVERE, BARBARA**  
 STREET ADDRESS: **701 CANOE TRAIL**  
 CITY-ST-ZIP: **VERO BEACH FL 32963**

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: \_\_\_\_\_

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)(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: *Mary D Powell* **MARY D POWELL**, Treas 2-6-02

CR2E037 (9/01)