

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90033 019 \*\*\*\*61.25

DOCUMENT # **746424**

1. Entity Name

**ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, IN**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>1031 - 18TH ST #C<br>VERO BEACH FL 32960-5588<br>US | Mailing Address<br>1031 - 18TH ST #D<br>VERO BEACH FL 32960-5588<br>US |
|--|--|

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1894292</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

**BACH, ADA G.**  
**1935 63RD CT.**  
**VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

Name **Sharon N. Glenn**  
 Street Address (P.O. Box Number is Not Acceptable) **2980 59th Avenue**  
**Vero Beach** **32966**  
 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 *Sharon N. Glenn* *Sharon N. Glenn* *4/28/00*  
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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>ABRAHAM ALPER</b><br><b>1821 MOORINGLING DRIVE</b><br><b>VERO BEACH FL</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>WOLFE, BARBARA-</b><br><b>2140 55TH AVE</b><br><b>VERO BEACH FL 32966</b> <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>BURTON, JANE</b><br><b>1849 25 STREET</b><br><b>VERO BEACH FL 32960</b> <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD</b><br><b>JANE BURTON</b><br><b>2501 27TH AVE.</b><br><b>VERO BEACH FL</b> <input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD</b><br><b>JANET MUTTER</b><br><b>1828 AYNLEY WAY #4</b><br><b>VERO BEACH FL 32966</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>PEELER, CAROLYN</b><br><b>8365 91 AVE</b><br><b>VERO BEACH FL 32967</b> <input type="checkbox"/> Delete               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TD</b><br><b>Ray Harmon</b><br><b>2625 49th avenue</b><br><b>Vero Beach FL 32960</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VPD</b><br><b>Janice Broda</b><br><b>9335 Frangipani Drive</b><br><b>Vero Beach FL 32963</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD</b><br><b>Janet Mutter</b><br><b>38 Verde Vista</b><br><b>Ft. Pierce FL 34951</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Janet B. Mutter* *5/1/00* *(561) 465-1582*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)