

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90029 030 ****61.25

DOCUMENT # N20113

1. Entity Name

• YOUTH GUIDANCE DONATION FUND OF INDIAN RIVER COU

Principal Place of Business

C/O RITA DION
1028 20TH PLACE
VERO BEACH FL 32961

Mailing Address

PO BOX 121
C/O RITA DION
VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0017325

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MCDONOUGH, WAYNE R, ESQ
SALIBA & MCDONOUGH, PA
1901 25TH STREET
VERO BEACH FL 32960

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D DION, RITA	1028 N A1A, APT. C-26	INDIAN RIVER SHORES,				
	PD BARTH, PHIL	376 EUGENIA ROAD	VERO BEACH FL 32963				
	SD SOLARI, JACKIE	730 PAINTED BUNTING LANE	VERO BEACH FL 32963				
	VD WOODWARD, MAUREEN	160 MCKEE LANE	VERO BEACH FL 32960				
	TD MCCULLERS, MICHELLE	319 13 STREET SW	VERO BEACH FL 32962				

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:

RITA DION

RITA DION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 770-5841

Date

Daytime Phone #

CR2E037 (10/00)