

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0017098

**DOCUMENT # N96000005815**

1. Entity Name

**KEEP INDIAN RIVER BEAUTIFUL, INC.**



Principal Place of Business

**1700-B 27TH ST  
VERO BEACH FL 32960  
US**

Mailing Address

**P.O. BOX 973  
VERO BEACH FL 32961**

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 **65-0712624**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANDEVOORDE, RENE G  
1327 N. CENTRAL AVE.  
SEBASTIAN FL 32958**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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>CONIGLIO, RAY</b>	
STREET ADDRESS	<b>941 CARNATION DRIVE</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GELETKO, GEORGE</b>	
STREET ADDRESS	<b>507 LAKE VICTORIA CIRCLE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIES, RUTH</b>	
STREET ADDRESS	<b>497 LLOYD ST</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEEKS, LEE</b>	
STREET ADDRESS	<b>681 COLLIER LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>UNVERSAW, DAVID</b>	
STREET ADDRESS	<b>3805 OSLO ROAD</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32968</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUMMINS, CHERYL</b>	
STREET ADDRESS	<b>2626 US HWY 1</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Perez, Debbie</b>	
STREET ADDRESS	<b>1327 74th Ave SW</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32968</b>	
TITLE	<b>Geletko, George</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>is no longer V.P. He is now</b>	
STREET ADDRESS	<b>a director - D.</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bradwell, Genia</b>	
STREET ADDRESS	<b>328 Live Oak Rd</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Neubergen, Arthur</b>	
STREET ADDRESS	<b>833 20th St</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32960</b>	
TITLE	<b>Unversaw, David</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>is now President - P</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Cummins, Cheryl</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>is now Treasurer - T</b>	
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: \_\_\_\_\_

**SIGNATURE REQUIRED**

5/2/03

(772) 978-0722

CR2E037 (10/02)