

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90127 032 \*\*\*\*70.00

**DOCUMENT # 728675**

1. Entity Name

**INDIAN RIVER COUNTY COUNCIL ON AGING, INC.**

Principal Place of Business

Mailing Address

694 14TH ST  
PO BOX 2102  
VERO BCH FL 32960

694 14TH ST  
PO BOX 2102  
VERO BCH FL 32960

80015069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1539957

Applied For

Not Applicable

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

**MATHER, KELLY**  
733 N FISCHER CIRCLE  
SEBASTIAN FL 32958

Name  
**Bill Williamson, Jr.**

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

604 Eugenia Road

City  
**Vero Beach**

**FL**

Zip Code  
**32963**

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

1/15/02



**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 PD  
NAME WORKUM DAVID  Delete  
STREET ADDRESS 178 OCEAN SPRAY CT  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE President  Change  Addition  
NAME Williamson, Bill Jr. "D"  
STREET ADDRESS 604 Eugenia Road  
CITY-ST-ZIP Vero Beach FL 32963

TITLE VPD  Delete  
NAME ROBB BAYARD  
STREET ADDRESS 4826 WOOD DUCK CIRCLE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE Vice-President  Change  Addition  
NAME Mather, Kelly "D"  
STREET ADDRESS 733 N. Fischer Circle  
CITY-ST-ZIP Sebastian, FL 32958

TITLE P  Delete  
NAME MATHER KELLY  
STREET ADDRESS 733 N FISCHER CIRCLE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE Secretary  Change  Addition  
NAME Kay, Joan "D"  
STREET ADDRESS 200 Sable Oak Lane  
CITY-ST-ZIP Vero Beach FL 32963

TITLE T  Delete  
NAME TILNEY BUD  
STREET ADDRESS 1515 ORCHID DR  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE Treasurer  Change  Addition  
NAME Tilney, Bud "D"  
STREET ADDRESS 1515 Orchid Drive  
CITY-ST-ZIP Vero Beach FL 32963

TITLE VP  Delete  
NAME WILLIAMSON, BILL JR  
STREET ADDRESS 604 EUGENIA ROAD  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE  Change  Addition

TITLE S  Delete  
NAME KAY, JOAN  
STREET ADDRESS 200 SABLE OAK LANE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE  Change  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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

Daytime Phone #

CR2E037 (9/01)