

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90117 040 ***122.50

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 733596

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS OF INDIAN RIVE

Principal Place of Business

Mailing Address

1375-16TH AVENUE
 VERO BEACH FL 32960-3768

1375-16TH AVENUE
 VERO BEACH FL 32960-3768

2. Principal Place of Business

3. Mailing Address

1375 16TH AVENUE
 Suite, Apt. #, etc.

1375 16TH AVE
 Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL

4. FEI Number

59-1626205

Applied For

Not Applicable

Zip

32960-3768

Country

Indian RIVER

Zip

32960-3768

Country

INDIAN RIVER

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HURST, HARRY, R., ED. D.
 1375 16 AVENUE
 VERO BEACH FL 32960

DELETE

7. Name and Address of New Registered Agent

Name

MARY JIM MARTIN

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

1375 16TH AVENUE

City

VERO BCH,

FL

Zip Code

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

Mary Jim Martin

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: SDD
 NAME: BARTON, JEFFERY
 STREET ADDRESS: P.O. BOX 2211 N/A
 CITY-ST-ZIP: VERO BEACH FL 32964 Delete

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

TITLE: VCD
 NAME: BRACKINS, REESE
 STREET ADDRESS: 5240 20TH ST
 CITY-ST-ZIP: VERO BEACH FL 32966 Delete

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

TITLE: VCD
 NAME: O'HAIRE, MICHAEL
 STREET ADDRESS: 3111 CARDINAL DR
 CITY-ST-ZIP: VERO BEACH FL 32963 Delete

TITLE: VCD
 NAME: Linda Ramirez
 STREET ADDRESS: PO Box 7
 CITY-ST-ZIP: Vero Beach, FL 32960 Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
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TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: 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:

Mary Jim Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)