

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-09-2001 90770 019 ***122.50

DOCUMENT # 733596

1. Entity Name
ASSOCIATION FOR RETARDED CITIZENS OF INDIAN RIVE

Principal Place of Business 1375-16TH AVENUE VERO BEACH FL 32960-3768	Mailing Address 1375-16TH AVENUE VERO BEACH FL 32960-3768
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1626205	Applied For <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 MARTIN, MARY JIM 1375 16 AVENUE VERO BEACH FL 32960	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDD BARTON, JEFFERY P.O. BOX 2211 N/A VERO BEACH FL 32964 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barkett, Eric D 2165 15th Ave Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BRACKINS, REESE 5240 20TH ST VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O'Haire, Michael D 3111 Cardinal Drive Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD RAMIREZ, LINDA PO BOX T VERO BEACH FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ramirez, Linda D P.O. Box T Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Martin, Mary Jim D 1375 16th Ave Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Mary Jim Martin **01-18-01** **561-562-6854**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/00)

ASSOCIATION FOR RETARDED CITIZENS

001000

VENDOR: 0402 DEPARTMENT OF STATE

1/25/01 CHECK NO. 1000

P.O. NUMBER	INV. NO.	INV. DATE	AMOUNT PAID	DISCOUNT	NET CHECK
10443	JAN, 2001	1/24/01	61.25		61.25
10442	JAN, 2001	1/24/01	61.25		61.25
TOTAL			122.50		122.50

Attachment
733594
28578

PAID

ASSOCIATION FOR RETARDED CITIZENS

1376 16TH AVENUE
VERO BEACH, FL 32960

Northern Trust Bank of Florida N.A. 83-895
Vero Beach, Florida 32980 NO.

001000

CHECK NO. 1000

PAID

***ONE HUNDRED TWENTY-TWO AND 50/100 DOLLARS

DATE

1/25/01

AMOUNT

*****\$122.50

PAY
TO THE
ORDER
OF

DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

GENERAL ACCOUNT

NON-NEGOTIABLE

[Signature]
 AUTHORIZED SIGNATURE

⑈001000⑈ ⑆066009650⑆6010004286⑈

Annual Reports Resubmitted

Ref. # 733596

\$ 61.25

Ref # N97000002781

\$ 61.25

were paid on one check.