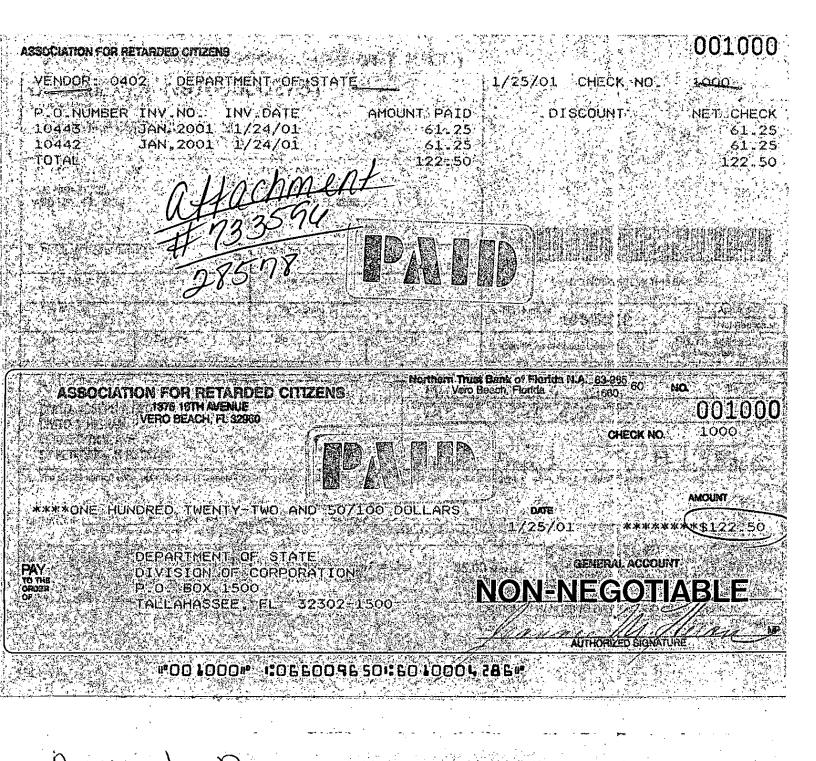
2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am **DOCUMENT # 733596 Secretary of State** 1. Entity Name 02-09-2001 90770 019 ***122.50 ASSOCIATION FOR RETARDED CITIZENS OF INDIAN RIVE Principal Place of Business Mailing Address 1375-16TH AVENUE 1375-16TH AVENUE VERO BEACH FL 32960-3768 VERO BEACH FL 32960-3768 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1626205 Not Applicable Country -Country: -----Zip \$8.75 Additional -5.- Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MARTIN, MARY JIM 1375 16 AVENUE VERO BEACH FL 32960 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Vice Chairman Change TIT) F X Delete TITLE Barkett Eric 2165 15th Ave NAME BARTON, JEFFERY NAME STREET ADDRESS P.O. BOX 2211 N/A STREET ADDRESS **CR2E037** CITY-ST-ZIP City-ST-702 VERO BEACH FL 32964 lero Beach, FL 3<u>2960</u> VCD TITLE Vice Chairman ☐ Change Addition TITLE Delete BRACKINS, REESE NAME O'Haire, Machael NAME STREET ADDRESS 5240 20TH ST ---STREET ADDRESS 3111-Cardinal Drive CITY-ST-ZIP CITY-ST-ZIP .32963 VERO BEACH FL 32966 Vero Beach, FL VCD TITLE Chairman of Board Change TITLE Delete Ramirez; Linda RAMIREZ, LINDA NAME NAME P.O. Box STREET ACCRESS STREET ADORESS PO BOX T CITY-ST-ZIP 32960 CITY-ST-ZIP VERO BEACH FL 32960 ero Beach FL 5 Executive Director ☐ Delete TITLE ☐ Change TITLE Martin, Mary Jim NAME NAME STREET ADDRESS 1375 165 AVE STREET ADORESS CITY-ST-ZIP CITY-S1-ZIP 3 a960 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

2/

SIGNATURE:



Annual Reports Resoluted

Ref. # 733596

Ref # N970000002781 \$61.25

Were Paid on one check.