

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90366 030 ****61.25

DOCUMENT # 735760

1. Entity Name

INDIAN RIVER COUNTY COUNCIL OF COMMUNITY SERVICE

Principal Place of Business

1028 20TH PLACE
STE 50
VERO BEACH FL 32960
US

Mailing Address

P.O. BOX 1793
VERO BEACH FL 32961

2. Principal Place of Business

1424 US #1

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Zip

32958

Country

Indian River

Country

4. FEI Number

59-2010721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAKEFIELD, JUDITH A
1028 20TH PLACE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Pandora Scotto

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

1424 US #1

City

Sebastian,

FL

Zip Code

32958

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

4-12-01

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WAKEFIELD, JUDITH A	
STREET ADDRESS	1028 20TH PLACE STE D	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KEENEY, BONNIE	
STREET ADDRESS	2206 16TH AVE.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, LORETTA	
STREET ADDRESS	421 12TH PLACE SE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOVE, HELEN	
STREET ADDRESS	2100 SUNRISE BLVD -STE A	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pandora Scotto	
STREET ADDRESS	1424 US #1	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean St. Louis	
STREET ADDRESS	2001 9th Ave Ste. 304	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edie Fogelson	
STREET ADDRESS	2001 9th Ave Ste 304	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4001-A Virginia Ave	
STREET ADDRESS	Ft. Pierce, FL 34981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01

561-589-
9182

CR2E037 (10/00)