

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735760

1. Entity Name

INDIAN RIVER COUNTY COUNCIL OF COMMUNITY SERVICE
S, INC.

Principal Place of Business

Mailing Address

1424 US 1
SEBASTIAN FL 32958
US

P.O. BOX 1793
VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

SCOTTO, PANDORA
1424 US 1
SEBASTIAN FL 32958

Name

Pandora Scotto

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

1424 US 1

City

Sebastian

know p.v.

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

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 NAME	TD SCOTTO, PANDORA	<input type="checkbox"/> Delete
STREET ADDRESS	1424 US 1	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE NAME	PD ST LOUIS, JEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2001 9TH AVENUE SUITE 304	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE NAME	VD FAGELSONG, EDIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2001 9TH AVENUE SUITE 304	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE NAME	SD LOVE, HELEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4001 A VIRGINIA AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD Chris Loftus	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1847 14 Avenue	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE NAME	VD Lisa Terry Filippi	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	333 17th Street Suite W	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE NAME	SD Marsha Ward	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1111 36th St	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Pandora A. Scotto PANDORA A. SCOTTO 2/6/02 561-465-6551

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90134 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)