

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90273 011 \*\*\*\*61.25

**DOCUMENT # 746424**

1. Entity Name

**ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, IN**

Principal Place of Business

1031 - 18TH ST #C  
 VERO BEACH FL 32960-5588  
 US

Mailing Address

1031 - 18TH ST #D  
 VERO BEACH FL 32960  
 US

**A0084090**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1894292**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BACH, ADA G.**  
**1935 63RD CT.**  
**VERO BEACH FL 32966**

Name  
**Carolyn Peeler**

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

**8365 91st Avenue**

City  
**Vero Beach**

**FL**

Zip Code  
**32967**

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 *Carolyn J. Peeler* **President/Director**

**8/20/01**

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**  
**After September 12, 2001, min. will be \$236.25**

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 **TD** ☒ Delete  
 NAME **ABRAHAM ALPER**  
 STREET ADDRESS **1821 MOORINGLING DRIVE**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **S/T/D** ☒ Change ☐ Addition  
 NAME **Janice Broda**  
 STREET ADDRESS **12396 N. A1A**  
 CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE **VD** ☒ Delete  
 NAME **WOLFE, BARBARA**  
 STREET ADDRESS **2140 -55TH AVE**  
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Frank Sterling**  
 STREET ADDRESS **43 Plantation Dr., #104**  
 CITY-ST-ZIP **Vero Beach, FL 32966**

TITLE **PD** ☐ Delete  
 NAME **BURTON, JANE**  
 STREET ADDRESS **1849 -25 STREET**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Ruth Daly**  
 STREET ADDRESS **926 5th Ct.**  
 CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **VPD** ☐ Delete  
 NAME **JANE BURTON**  
 STREET ADDRESS **2501 27TH AVE.**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **V/D** ☒ Change ☐ Addition  
 NAME **Jane Burton**  
 STREET ADDRESS **1849 25th St**  
 CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **VPD** ☒ Delete  
 NAME **JANET MUTTER**  
 STREET ADDRESS **1828 AYNLEY WAY #4**  
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Wanda Phillips**  
 STREET ADDRESS **615 26th Ct.**  
 CITY-ST-ZIP **Vero Beach, FL 32962**

TITLE **SD** ☐ Delete  
 NAME **PEELER, CAROLYN**  
 STREET ADDRESS **8365 -91 AVE**  
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **P/D** ☒ Change ☐ Addition  
 NAME **Carolyn Peeler**  
 STREET ADDRESS **8365 91 Ave.**  
 CITY-ST-ZIP **Vero Beach, FL 32967**

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: *Carolyn Peeler* **Carolyn Peeler, President/Director** **8/20/01**  
**(561) 562-1666**

CR2E037 (5/01)



P.O. Box 2036

Attachment  
D# 746424  
VERO BEACH, FLORIDA 32961

10084090  
Phone 567-5899

ADDITIONAL DIRECTORS

TITLE: D

Dr. Cynthia Crawford, M.D.  
1820 43rd Avenue  
Vero Beach FL 32960

TITLE: D

Harold Briggs  
7626 58th Court  
Vero Beach FL 32967

TITLE: D

Kathy Griffin  
1165 28th Avenue S.W.  
Vero Beach FL 32968