

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	TD ABRAHAM ALPER 1821 MOORINGLING DRIVE VERO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFE, BARBARA 2140 -55TH AVE VERO BEACH FL 32966	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURTON, JANE 1849 -25 STREET VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JANE BURTON 2501 27TH AVE. VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JANET MUTTER 1828 AYNLEY WAY #4 VERO BEACH FL 32966	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEELER, CAROLYN 8365 -91 AVE VERO BEACH FL 32967	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Janice Broda 12396 N. A1A Vero Beach, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Sterling 43 Plantation Dr., #104 Vero Beach, FL 32966	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth Daly 926 5th Ct. Vero Beach, FL 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Jane Burton 1849 25th St Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wanda Phillips 615 26th Ct. Vero Beach, FL 32962	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Carolyn Peeler 8365 91 Ave. Vero Beach, FL 32967	<input checked="" 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: *Carolyn Peeler* **Carolyn Peeler, President/Director** **8/20/01**
(56) 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