

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90105 001 ****61.25

DOCUMENT # 746424

1. Entity Name

ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, IN C.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1031 18 street ste.D

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1894292

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEELER, CAROLYN
 8365 91ST AVE
 VERO BEACH FL 32967**

Name

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

City

FL

Zip Code

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	STD	<input type="checkbox"/> Delete
NAME	BRODA, JANICE	
STREET ADDRESS	12396 N A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERLING, FRANK	
STREET ADDRESS	43 PLANTATION DR #104	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURTON, JANE	
STREET ADDRESS	1849 -25 STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JANE BURTON	
STREET ADDRESS	1849 25TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, WANDA	
STREET ADDRESS	615 26TH CT	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEELER, CAROLYN	
STREET ADDRESS	8365 -91 AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Daly	
STREET ADDRESS	926 5th Ct.	
CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Briggs, Harold'	
STREET ADDRESS	7626 58th Ct.	
CITY-ST-ZIP	Vero Beach FL 32967	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crawford, Dr. Cynthia	
STREET ADDRESS	1820 43 Ave. Ste. 1	
CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn, Sharon	
STREET ADDRESS	2980 59 Ave.	
CITY-ST-ZIP	Vero Beach FL 32966	
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: *Sharon Glenn* **SIGNATURE NOT REQUIRED** Director Sharon Glenn 561-567-5899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)