

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

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

**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 ☐ Delete
 NAME **STD**
 STREET ADDRESS **BRODA, JANICE**
 CITY-ST-ZIP **12396 N A1A**
VERO BEACH FL 32963

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Ruth Daly**
 CITY-ST-ZIP **926 5th Ct.**
VERO BEACH FL 32960

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STERLING, FRANK**
 CITY-ST-ZIP **43 PLANTATION DR #104**
VERO BEACH FL 32966

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Briggs, Harold'**
 CITY-ST-ZIP **7626 58th Ct.**
VERO BEACH FL 32967

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Crawford, Dr. Cynthia**
 CITY-ST-ZIP **1820 43 Ave. Ste. 1**
VERO BEACH FL 32960

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

TITLE ☐ Change ☒ Addition
 NAME **MD**
 STREET ADDRESS **Glenn, Sharon**
 CITY-ST-ZIP **2980 59 Ave.**
VERO BEACH FL 32966

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PHILLIPS, WANDA**
 CITY-ST-ZIP **615 26TH CT**
VERO BEACH FL 32962

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 REQUIRED** **Director Sharon Glenn 561-567-5899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)