

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747605

1. Entity Name

THE EXCHANGE CLUB OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

P.O. BOX 93  
VERO BEACH FL 32960

Mailing Address

P.O. BOX 93  
VERO BEACH FL 32961-0093

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~RICHARDS, NANCY L~~  
~~49 ROYAL PALM BLVD~~  
~~#203~~  
~~VERO BEACH FL 32960~~

7. Name and Address of New Registered Agent

Name  
Marllyn S. Justice, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
635 17th St.  
Vero Beach  
City  
FL Zip Code  
32960

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, NANCY	
STREET ADDRESS	44 ROYAL PALM BLVD #203	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WELLES, JAMES S.	
STREET ADDRESS	2180 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BINNEY, JAN	
STREET ADDRESS	1020 CRESCENT BEACH RD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	DEMERS, STEVEN	
STREET ADDRESS	1020 39TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Demers	
STREET ADDRESS	P.O. Box 93	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marllyn Justice	
STREET ADDRESS	P.O. Box 93	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela King	
STREET ADDRESS	P.O. Box 93	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darby Gibbons	
STREET ADDRESS	P.O. Box 93	
CITY-ST-ZIP	Vero Beach, FL 32960	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90234 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number  
23-7315808  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (9/99)

1-12-00

561-778-6903