

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757979

1. Entity Name

INDIAN RIVER COUNTY RIGHT TO LIFE, INC.

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

02-20-2000 90026 003 ****61.25

Principal Place of Business

PO BOX 1223
VERO BEACH FL 32961-8223

Mailing Address

PO BOX 1223
VERO BEACH FL 32961-1223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2413745

Applied For

Not Applicable

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

O'NEILL, EUGENE J.
979 BEACHLAND BLVD
VERO BEACH FL 32963

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 P ☐ Delete
NAME JORDAN, JACK
STREET ADDRESS 536 S. MIRROR LAKE DR
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE Sel ☐ Change ☒ Addition
NAME MARTIN, MARY
STREET ADDRESS 1405 82 Ave. #231
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE T ☐ Delete
NAME ST PIERRE, ANN
STREET ADDRESS 546 AZALEA LANE
CITY-ST-ZIP VERO BEACH, FL 00000

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

TITLE D ☐ Delete
NAME MAURO, JOSEPH
STREET ADDRESS 2305 46TH AVE
CITY-ST-ZIP VERO BEACH, FL 00000

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

TITLE D ☐ Delete
NAME SCHWEIKART JEAN
STREET ADDRESS 1405 82ND AVE 258
CITY-ST-ZIP VERO BEACH FL

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

TITLE D ☐ Delete
NAME LIVINGSTON, RUTH
STREET ADDRESS 1576 SMUGGLERS COVE
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE VP ☒ Delete
NAME GATINS, MAUREEN
STREET ADDRESS 935 E. CAUSEWAY BLVD. APT. 201
CITY-ST-ZIP VERO BEACH FL 32963

TITLE VP ☐ Change ☒ Addition
NAME ROTHWELL, Patricia
STREET ADDRESS 1984 OCEAN Ridge Circle
CITY-ST-ZIP VERO BEACH, FL 32963

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:

ANN ST. PIERRE, TREAS. JAN 26 2000 1-561-231-4195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)