

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 757979**

1. Entity Name

**INDIAN RIVER COUNTY RIGHT TO LIFE, INC.**

Principal Place of Business

Mailing Address

PO BOX 1223  
 VERO BEACH FL 32961-8223

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JORDAN, JACK</b>	
STREET ADDRESS	<b>536 S. MIRROR LAKE DR</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ST PIERRE, ANN</b>	
STREET ADDRESS	<b>546 AZALEA LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAURO, JOSEPH</b>	
STREET ADDRESS	<b>2305 46TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWEIKART JEAN</b>	
STREET ADDRESS	<b>1405 82ND AVE 258</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LIVINGSTON, RUTH</b>	
STREET ADDRESS	<b>1576 SMUGGLERS COVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GATINS, MAUREEN</b>	
STREET ADDRESS	<b>935 E. CAUSEWAY BLVD. APT. 201</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	

TITLE	<b>Sec</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN, MARY</b>	
STREET ADDRESS	<b>1405 82 Ave. #231</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>	
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		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROTHWELL, Patricia</b>	
STREET ADDRESS	<b>1984 OCEAN Ridge Circle</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	

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 1-561-2314  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)