

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90095 044 \*\*\*\*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 32961-8223

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

**NOT APPLICABLE**

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

**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 **692 COLLIER LAKE CIRCLE**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MAURO, JOSEPH**  
 STREET ADDRESS **2305 48TH AVE**  
 CITY-ST-ZIP **VERO BEACH FL**

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 **MARTIN, MARY**  
 STREET ADDRESS **1405 82 AVENUE # 231**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

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:

*Ann St Pierre*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 25, 2002

Date

1-561  
 231-4135

Daytime Phone #

CR2E037 (9/01)