

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90034 017 \*\*\*\*61.25

**DOCUMENT # N00000004640**

1. Entity Name

**INDIAN RIVER HOMELESS SERVICES COUNCIL, INC.**

Principal Place of Business

3250 RIVERSIDE PARK DR  
 VERO BEACH FL 32963

2525 ST. LUCIE AVE.  
 VERO BEACH, FL 32960

Mailing Address

3250 RIVERSIDE PARK DR  
 VERO BEACH FL 32963

2525 ST. LUCIE AVE.  
 VERO BEACH, FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2254571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VAN MELE, RICHARD J  
 781 GEORGE ST  
 SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MACHT, KENNETH R	
STREET ADDRESS	3249 16TH ST	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, RICHARD A	
STREET ADDRESS	340 PALMETTO PT	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN MELE, RICHARD J	
STREET ADDRESS	781 GEORGE ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
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	WAGELYN BLOCK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4925 4th ST	
STREET ADDRESS	VERO BEACH 32968	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, Richard	
STREET ADDRESS	340 PALMETTO PT	
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACHMAN, BOB	
STREET ADDRESS	960 SANDFLEY LA	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHT, Kenneth	
STREET ADDRESS	3249 16th ST	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE JOHNSTON CARLSON	
STREET ADDRESS	1840 25th Street	
CITY-ST-ZIP	VERO BEACH, FL 32960	
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:

*Richard J Van Mele*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/01

Date

Daytime Phone #

CR2E037 (10/00)