

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10011

1. Entity Name

FIGHT DRUG ABUSE IN INDIAN RIVER COUNTY, INC. ✓

Principal Place of Business

1725 32ND AVE.
VERO BEACH FL 32960

Mailing Address

1725 32ND AVE.
VERO BEACH FL 32960

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

59-2692881

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

MORRIS, PATTI
1725 32ND AVE.
VERO BEACH FL 32960

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
After September 13, 2000 min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PVP									
	DURYEA, BILL	34-106 PLANTATION DR.	VERO BEACH FL							
	S									
	OLENCKI, BERNARD	36-101 PLANTATION DR.	VERO BEACH FL							
	T									
	MORRIS, PATTI	1725 32ND AVE	VERO BEACH FL							
	D									
	MARTELL, MAURICE	39-102 PLANTATION DR.	VERO BEACH FL							
	D									
	FERRY, DON	12-105 PLANTATION DR	VERO BEACH FL							

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90002 034 ****61.25



DO NOT WRITE IN THIS SPACE

7/17/00 561-466-1200