

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90072 028 \*\*\*\*70.00

DOCUMENT # N39248

1. Entity Name

AIDS SUPPORT GROUP OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

2206 16TH AVE  
~~2035 15TH STREET~~  
VERO BCH FL 32960  
US

2206 16TH AVE  
~~2035 15TH STREET~~  
VERO BCH FL 32960-3173  
US

713873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2206 16TH AVE  
Suite, Apt. #, etc.

2206 16TH AVE  
Suite, Apt. #, etc.

City & State

VERO BCH, FL

City & State

VERO BCH, FL

4. FEI Number

65-0268761

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32960

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAKE, MARGERY  
2035 15TH STREET  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

JAMES MICHAEL SMITH

Street Address (P.O. Box Number is Not Acceptable)

1666 41ST AVE

City

VERO BCH

FL

Zip Code

32960

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

*James Michael Smith* Secretary 1/27/2000

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 checked="" type="checkbox"/> Delete
NAME	RICE, RONNIE	
STREET ADDRESS	1455 90TH AVE #272	
CITY-ST-ZIP	VERO BCH FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAKE, MARGERY	
STREET ADDRESS	2035 15TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEENEY, BONNIE	
STREET ADDRESS	<del>320 14TH PLACE</del>	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President: Bonnie Keeney	
STREET ADDRESS	1000 SW 27th AVE #101	
CITY-ST-ZIP	Vero Bch, FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec/Treasurer: James M Smith	
STREET ADDRESS	1666 41st Avenue	
CITY-ST-ZIP	Vero Bch, FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Exec Dir: Jack Chomey	
STREET ADDRESS	1565 39th Avenue	
CITY-ST-ZIP	Vero Bch, FL 32960	
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		<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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James Michael Smith* (JAMES MICHAEL SMITH) (561) 567-37