

2000 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-20-2000 90024 022 ****61.25

DOCUMENT # N93000000408

1. Entity Name

PARENT TO PARENT OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

941 48TH AVENUE
VERO BEACH FL 32968

Mailing Address

PO BOX 6963
VERO BCH FL 32961
US

2. Principal Place of Business

Parent to Parent of IRC, Inc.

3. Mailing Address

Parent to Parent

Suite, Apt. #, etc.

1375 16th Avenue

Suite, Apt. #, etc.

P. O. Box 6963

City & State

Vero Beach, FL 32960

City & State

Vero Beach, FL 32961

4. FEI Number

65-0410067

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32961

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOODY, NANCY
941 48TH AVENUE
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name

Patricia Davis Brown

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

2905 Cardinal Drive

City

Vero Beach

FL

Zip Code

32963

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Patricia Davis Brown, Registered Agent

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, PATRICIA	
STREET ADDRESS	2905 CARDINAL DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARREN, LINDA	
STREET ADDRESS	1660 11TH PL	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOODY, NANCY	
STREET ADDRESS	941 48TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BLAIR, HOPE - D	
STREET ADDRESS	4875 16TH ST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	S	<input type="checkbox"/> Delete
NAME	NYSTROM, KAREN -D	
STREET ADDRESS	3030 18TH ST	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TR	<input type="checkbox"/> Delete
NAME	LEKNISKAS, CHUCK	
STREET ADDRESS	1725 17TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32968	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Patricia - D	
STREET ADDRESS	2905 Cardinal Drive	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Jim Martin - D	
STREET ADDRESS	1375 16th Street	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine Lambert -D	
STREET ADDRESS	1600 Bent Oak Lane	
CITY-ST-ZIP	Vero Beach, FL 32963	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00

561231 1326

Date

Daytime Phone #

CR2E037 (1/00)