

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90648 040 ****70.00

DOCUMENT # N93000000408

1. Entity Name

PARENT TO PARENT OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

PARENT TO PARENT OF IRC, INC.
1375 16TH AVE
VERO BEACH FL 32960

PARENT TO PARENT
P O BOX 6963
VERO BCH FL 32961
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS BROWN, PATRICIA
2905 CARDINAL DR
VERO BEACH FL 32963

Name **Betty Young**
 Street Address (P.O. Box Number is Not Acceptable)

7903 Banyan Street
 City **Ft Pierce** **FL** Zip Code **34951**

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

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 **PD** ☒ Delete
 NAME **BROWN, PATRICIA**
 STREET ADDRESS **2905 CARDINAL DR**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **Betty Young P,D** ☐ Change ☒ Addition
 NAME **Betty Young**
 STREET ADDRESS **7903 Banyan Street**
 CITY-ST-ZIP **Ft. Pierce, FL 34951**

TITLE **TD** ☐ Delete
 NAME **MARTIN, MARY J**
 STREET ADDRESS **1375 16TH ST**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **Marsha Mc Guffy D,VP** ☐ Change ☒ Addition
 NAME **Marsha Mc Guffy**
 STREET ADDRESS **8155 45th Court**
 CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **TEd** ☒ Delete
 NAME **LAMBERT, CATHERINE**
 STREET ADDRESS **1600 BENT OAK LANE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **Mary Jim Martin S,T,D** ☒ Change ☐ Addition
 NAME **Mary Jim Martin**
 STREET ADDRESS **1375 16th St.**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **SD** ☒ Delete
 NAME **NYSTROM, KAREN**
 STREET ADDRESS **3030 18TH ST**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X Betty Young Betty Young X 4/24/02 X 772 201-4969

CR2E037 (9/01)