

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001505

1. Entity Name

IVEY GREEN RESIDENT COUNCIL ASSOCIATION, INC.

Principal Place of Business

2014 W. 17TH COURT
RIVIERA BEACH FL 33404

Mailing Address

2014 W. 17TH COURT
RIVIERA BEACH FL 33404-5002

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0582443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, MARIAN B
2014 WEST 17TH COURT
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name **VELMA J. TAYLOR**

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

2014 WEST 17th COURT

City **RIVIERA BEACH**

FL

Zip Code **33404**

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

Velma J. Taylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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 **VD** ☐ Delete
NAME **RANDELL, SONYA**
STREET ADDRESS **2015 W 17TH COURT #3**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **PD** ☐ Delete
NAME **DEBROSSE, MARIE**
STREET ADDRESS **2015 W 17TH COURT #5**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **TD** ☐ Delete
NAME **MITCHELL, VIVIAN**
STREET ADDRESS **2001 W 17TH COURT #2**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **D** ☐ Delete
NAME **JOSEPH, MARJORIE**
STREET ADDRESS **2003 W. 17TH COURT #211**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Marie Debrosse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 561-845-7450

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90130 016 ****61.25



DO NOT WRITE IN THIS SPACE