

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003222**

1. Entity Name

STROKE OF HOPE CLUB OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

**6171 ISLAND HARBOR RD
SEBASTIAN FL 32958**

Mailing Address

**6171 ISLAND HARBOR RD
SEBASTIAN FL 32958**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**BENJAMIN, CHARLES
6171 ISLAND HARBOR RD
SEBASTIAN FL 32958**

4. FEI Number

65-0855411

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

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**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 type="checkbox"/> Delete
NAME	BENJAMIN, CHARLES	
STREET ADDRESS	6171 ISLAND HARBOR RD	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, ALTA	
STREET ADDRESS	6171 ISLAND HARBOR RD	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	D	<input type="checkbox"/> Delete
NAME	WAGNER, TERRI	
STREET ADDRESS	6199 ISLAND HARBOR ROAD	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	D	<input type="checkbox"/> Delete
NAME	JOY, JUDY	
STREET ADDRESS	3414 SW CATSKILL DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 32953	

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		<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
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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:

Altia Benjamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-01 561-388-0582**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90114 015 ****61.25

C0012186

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)