

2000 UNIFORM BUSINESS REPORT (UBR)

77

FILED
Sep 06, 2000 8:00 am
Secretary of State

07-25-2000 90094 045 ****61.25
 09-06-2000 90087 014 ***488.75

DOCUMENT # P99000036371

1. Entity Name
CUSTOM CARE OF INDIAN RIVER COUNTY, INC.

U R

Principal Place of Business
**C/O INDIAN RIVER COUNTY COUNCIL ON AGING
 694 14TH STREET
 VERO BEACH FL 32960**

Mailing Address
**C/O INDIAN RIVER COUNTY COUNCIL ON AGING
 694 14TH STREET
 VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

450933688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETCHER, ARLENE S
 C/O INDIAN RIVER COUNTY COUNCIL ON AGING
 694 14TH STREET
 VERO BEACH FL 32960**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 FLETCHER, ARLENE S
 694 14TH STREET
 VERO BEACH FL 32960** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BLACK, CRAWFORD
 694 14TH STREET
 VERO BEACH FL 32960** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SCHEMEL, JOSEPH
 694 14TH STREET
 VERO BEACH FL 32960** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BUCHANAN, TOM
 694 14TH STREET
 VERO BEACH FL 32960** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

13. 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, trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert S. [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Daytime Phone #

CR2E034 (5/00)

Attachment # P99000036371
B0104987

Custom Care of Indian River County
694 14th Street
Vero Beach, FL 32960

August 30, 2000

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314


Reference #P99000036371

To whom it may concern,

Enclosed is our check in the amount of \$488.75 as per your letter dated August 2, 2000.

I trust this will complete our filing package. If there are any questions, please contact me at 561-569-0760 or at the above address.

Very truly yours,


Lynne Oakley
Bookkeeper