2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46161

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90112 041 ****61.25

1. Entity Name

THE EDUCATION FOUNDATION OF INDIAN RIVER COUNTY,

Principal Place of Business	Mailing Address
PO BOX 7046 VERO BEACH FL 32961	PO BOX 7046 VERO BEACH FL 32961-7046

DO NOT WRITE IN THIS SPACE

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 59-3118402 ☐ 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
JOHNSON, CAROL K 2926 PIPOR DRIVE, BLDG. 13 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 Carol K. Johnson Executive Director 4/25/2000
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPPD FELTEN, KEN 2911 CARDINAL DRIVE VERO BEACH FL 32963	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HART, JAY 2231 INDIAN RIVER BOULEVARD VERO BEACH FL 32960	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOULISH, DAVID 1440 56TH SQUARE WEST VERO BEACH FL 32968	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	IPPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARNIOKS, MARGOT 1111 36TH ST VERO BEACH FL 32960	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED KISSNER, MICHAEL G. 2300 5TH AVENUE VERO BEACH FL 32960	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	TD J. Vincent Boyle 700 20th street Vero Beach, FL 32960	☐ Change ☒ Addition

CR2E037 (9/99)

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 Carol K. Johnson Jay Hart 4/25/2000 561/564-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #