

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-05-2000 90046 025 ****70.00

DOCUMENT # N94000001800

1. Entity Name
SUN-UP OF INDIAN RIVER, INC.

Principal Place of Business Mailing Address

2448 19TH AVE 2448 19TH AVE
 VERO BEACH FL 32960 VERO BEACH FL 32960-3334

2. Principal Place of Business 3. Mailing Address

5070 N. AIA SU. 205 **PO BOX 6819**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SU. 205

City & State City & State

VERO BEACH FL **VERO BEACH FL**

Zip Country Zip Country

32963 **USA** **32961** **USA**

4. FEI Number Applied For

65-0748943 Not Applicable

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

\$8.75

6. Name and Address of Current Registered Agent

GOLDSMITH, JOAN E
1052 POITRAS DR.
VERO-BEACH FL 32963

7. Name and Address of New Registered Agent

Name **JOHN F. SWANSON**

Street Address (P.O. Box Number is Not Acceptable)
4857 N. NEWPORT ISLAND DRIVE

VERO BEACH

City State Zip Code

FL **32967**

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 **John F. Swanson President** DATE **5-17-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Delete
NAME	SKALACKI, CHATHERINE P.
STREET ADDRESS	2448 19TH AVENUE
CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	V D <input type="checkbox"/> Delete
NAME	SACKVILLE, WALTER
STREET ADDRESS	90 BEACHSIDE DR. #301
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, JOAN E
STREET ADDRESS	1052 POITRAS DR.
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LABELLA, ARTHUR
STREET ADDRESS	1300 24TH AVE
CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	CS "D" <input type="checkbox"/> Delete
NAME	KRAJEWSKY, JOHN
STREET ADDRESS	1699 WHITMORE ST.
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	P "D" <input type="checkbox"/> Delete
NAME	SWANSON, JOHN F
STREET ADDRESS	4857 N. NEWPORT ISLAND DR.
CITY-ST-ZIP	VERO BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID ROSS
STREET ADDRESS	1325 RIVER RIDGE DRIVE
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer "D"
STREET ADDRESS	JUDITH BLOCK
CITY-ST-ZIP	1405 CORONA KANE VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Weems
STREET ADDRESS	4095 58th CIR.
CITY-ST-ZIP	VERO BEACH FL 32966
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: **JOHN F. SWANSON** Date **5/16/00** Daytime Phone # **(561) 589-3799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/98)