

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006207

1. Entity Name

INDIAN RIVER LITERARY SOCIETY, INC.

Principal Place of Business

755 BEACHLAND BLVD.
VERO BEACH FL 32963

Mailing Address

P.O. BOX 3308
VERO BEACH FL 32964

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

65-0794160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH FL 32963

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	COOPER, CHARLES F.X.	
STREET ADDRESS	P.O. BOX 3308 (NA)	
CITY-ST-ZIP	VERO BEACH FL 32964	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRY, CHARLOTTE	
STREET ADDRESS	P.O. BOX 3308 (NA)	
CITY-ST-ZIP	VERO BEACH FL 32964	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUCHMAN, ROBERT W	
STREET ADDRESS	P.O. BOX 3308 (NA)	
CITY-ST-ZIP	VERO BEACH FL 32964	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHENAULT, MARILYN	
STREET ADDRESS	P.O. BOX 3308 (NA)	
CITY-ST-ZIP	VERO BEACH FL 32964	
TITLE	D	<input type="checkbox"/> Delete
NAME	DU PONT, ALICE	
STREET ADDRESS	P.O. BOX 3308 (NA)	
CITY-ST-ZIP	VERO BEACH FL 32964	
TITLE	D	<input type="checkbox"/> Delete
NAME	FENNELL, TODD W	
STREET ADDRESS	P.O. BOX 3308 (NA)	
CITY-ST-ZIP	VERO BEACH FL 32964	

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
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
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000

561-231-1100

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)