

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90141 035 ***150.00

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DOCUMENT # P98000087543

1. Entity Name
INDIAN RIVER KAI, INC.

Principal Place of Business Mailing Address
3815 NORTH U.S. HIGHWAY 1, SUITE 117 **3815 NORTH U.S. HIGHWAY 1, SUITE 117**
COCOA FL 32926 **COCOA FL 32926**

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 **59-3536888**

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

HALGREN, CHARLES
1041 N INDIAN RIVER DR
COCOA FL 32922

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **ANDERSON, WILLIAM RYAN**
 STREET ADDRESS **3815 NORTH U.S. HIGHWAY 1, SUITE 117**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **P**
 NAME **ANDERSON, BARBARA DICKES**
 STREET ADDRESS **3815 NORTH U.S. HIGHWAY 1, SUITE 117**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **ST**
 NAME **KEELEY, GINA**
 STREET ADDRESS **3815 NORTH U.S. HIGHWAY 1, SUITE 117**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
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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 or trustee empowered to execute this report as required by Chapter 607, 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: *Barbara D. Halgren*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 321-637-1900
 Date Daytime Phone #

CR2E034 (10/00)