

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761899

1. Entity Name

INTERSTATE RENEWABLE ENERGY COUNCIL, INC.

Principal Place of Business

C/O VICKI MASTAITIS
PO BOX 1156
LATHAM NY 12110-1156
US

Mailing Address

C/O VICKI MASTAITIS
PO BOX 1156
LATHAM NY 12110-1156
US

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

59-2201374

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

BLOCK, DAVID
1679 CLEARLAKE RD.
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

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 CD ☐ Delete
NAME MASTAITIS, VICKI
STREET ADDRESS P.O. BOX 1156 N/A
CITY-ST-ZIP LATHAM NY

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

TITLE SD ☐ Delete
NAME BERRY, CLINTON
STREET ADDRESS 320 SIXTH AVE N, 6 FL
CITY-ST-ZIP NASHVILLE TN

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

TITLE VCD ☐ Delete
NAME WARNER, DAVID
STREET ADDRESS 1617 COLE BLVD.
CITY-ST-ZIP GOLDEN CO.

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

TITLE T ☐ Delete
NAME JURMAN, KEN
STREET ADDRESS 202 N 9TH ST, 8TH TERR.
CITY-ST-ZIP RICHMOND VA 23219

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

5184592601

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE