

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90111 001 \*\*\*750.00

**DOCUMENT # 306799**

1. Entity Name

**HALE INDIAN RIVER GROVES, INC.**

Principal Place of Business

U S HIGHWAY NO 1  
 P O BOX 217  
 WABASSO FLA 32970

Mailing Address

U S HIGHWAY NO 1  
 P O BOX 217  
 WABASSO FLA 32970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 700217

Suite, Apt. #, etc.

P.O. Box 700217

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1142796**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KRETSCH, JAMES J**  
**610 GULF VIEW DRIVE**  
**VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name **ROBERT A. DABERKOW**

Street Address (P.O. Box Number is Not Acceptable)

**1125 BLOSSOM DRIVE**

City **SEBASTIAN**

FL

Zip Code **32958**

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 *Robert A. Daberkow*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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, 2002 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

| TITLE | NAME                | STREET ADDRESS         | CITY-ST-ZIP   | <input type="checkbox"/> Delete     |
|-------|---------------------|------------------------|---------------|-------------------------------------|
| C     | HALE, STEPHEN C JR  | 500 INDIAN HARBOR ROAD | VERO BEACH FL | <input type="checkbox"/>            |
| PD    | HALE, STEPHEN C III | 1160 ADMIRALS WALK     | VERO BEACH FL | <input type="checkbox"/>            |
| SD    | HALE, MARY D        | 500 INDIAN HARBOR ROAD | VERO BEACH FL | <input type="checkbox"/>            |
| VD    | KRETSCH, JAMES J    | 610 GOLF VIEW DRIVE    | VERO BEACH FL | <input checked="" type="checkbox"/> |
| D     | HALE, SUSAN B       | P.O. BOX 3849 N/A      | VERO BEACH FL | <input type="checkbox"/>            |
|       |                     |                        |               | <input type="checkbox"/>            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                | STREET ADDRESS         | CITY-ST-ZIP          | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|---------------------|------------------------|----------------------|---------------------------------|----------------------------------------------|
| V/D   | ROBERT A. DABERKOW  | 1125 BLOSSOM DRIVE     | SEBASTIAN, FL 32958  | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| CFO   | PETER V. LEZNIEWICZ | 7500 SANTA CLARA BLVD. | FT. PIERCE, FL 34951 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       |                     |                        |                      | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                     |                        |                      | <input type="checkbox"/>        | <input type="checkbox"/>                     |

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: *Stephen C. Hale III* **STEPHEN C. HALE III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(772) 589-4334

Daytime Phone #

CR2E034 (9/01)