## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 20, 2002 8:00 am Secretary of State DOCUMENT # **N96000005815** 05-20-2002 90031 007 \*\*\*\*70 00 KEEP INDIAN RIVER BEAUTIFUL, INC. Principal Place of Business Mailing Address 1700 27TH ST P.O. BOX 973 VERO BEACH FL 32960 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address 700-Banth St. Suite, Apt. #, etc Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0712624 lero bea Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDEVOORDE, RENE G Street Address (P.O. Box Number is Not Acceptable) 1327 N. CENTRAL AVE. SEBASTIAN FL 32958 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Change to D ☐ Delete TITLE Change ☐ Addition Coniglio, Ray 941 Carnation Drive CONIGLIO, RAY NAME STREET ADDRESS 941 CARNATION DRIVE STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-7IP schastian, FL 32958 **VP** TITLE Delete TIT) F ☐ Change Addition Tyson, Joel 22 N. Mulberry St. GELETKO, GEORGE NAME NAME STREET ADDRESS 507 LAKE VICTORIA CIRCLE STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY-ST-ZIP-Fellsmere Ft 32948 SD TITLE ☐ Delete TITLE Change ☐ Addition Davies, Ruth davis, ruth NAME NAME 497 Lloyd St STREET ADDRESS 497 LLOYD ST STREET ADDRESS CITY-ST-7IP SEBASTIAN FL 32958 CITY-ST-ZIP Sebastian, FL 32958 ☐ Delete TITI F Addition Change WEEKS, LEE Perez, Deborah 1327 74th Aves.w. NAME STREET ADDRESS 681 COLLIER LAKE CIRCLE STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-ZIP Vero Beach, FL 32948 Delete TITLE . ☐ Change Addition Unversaw, David CONDE, RICHARD NAME 3905 Oslo Road STREET ADDRESS 3905 OSLO RD STREET ADDRESS vero Beach, FL 32968 CITY-ST-ZIE VERO BEACH FL 32968 CITY-ST-ZIP TITLE Delete TITLE

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

DONER, GRANT

263 13TH PLACE SW

VERO BEACH FL 32962

Cummins, Cheryl 2626 U.S. Highway

vero beach. Fi

☐ Change

Addition

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & S	Beach FL	City & State			4. FEI Number		<u> </u>	<u> </u>	Applied For
329	Country	Zip	Country		5. Certificate of Sta	-0712624 atus Desired	10	\$8.75	Not Applicab
	6. Name and Address of Curren	t Registered Agent	<u> </u>			بالمحاجب المالات		Fee Requ	ired
			Naп	ne	7. Name and Add	ress of New Re	gistered	Agent	
VANDEVOORDE, RENE G 1327 N. CENTRAL AVE. SEBASTIAN FL 32958		ď	Stre	Street Address (P.O. Box Number is Not Acceptable)					
			City		:	<del></del>	FL	Zip Co	ode
The abo	we named entity submits this statement for	or the purpose of changing its	registered offic	e or registers	of agont or both in a			<u>'                                    </u>	
GNATURI	E	and title if applicable. (NOTE	: Registered Agent si	, 	when reinstating)		DATE	·	
ignaturi		and title if applicable (NOTE  9. Election Cam  Trust Fund C	paign Financin	gnature required w	\$5.00 May Be Added to Fees	Make Dej	Check	Payable of State	e to
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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 changed, or on an attachment with an address, with all other like empowered.

COOLLATERN POPOLISTS