

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90582 021 ***150.00

DOCUMENT # 214843

1. Entity Name

INDIAN RIVER GROWERS SERVICE, INC.

Principal Place of Business

P O BOX 1634
 #1 1745 SIXTH AVE.
 VERO BEACH FL 32961-1634

Mailing Address

P O BOX 1634
 #1 1745 SIXTH AVE.
 VERO BEACH FL 32961-1634

2. Principal Place of Business

#1 - 1745 Sixth Ave
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1634
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH FLA.

City & State

VERO BEACH FLA.

Zip

Country

32960

Zip

32961

Country

4. FEI Number

59-0838614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSCHACH, MARY S
1786 MOORINGLINE DR.
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 *Mary S. Roschach*

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 9, 2001

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSCHACH, MARY S	
STREET ADDRESS	1786 MOORINGLINE DR.	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	DR	<input type="checkbox"/> Delete
NAME	THORNSBURY, JO ANN R	
STREET ADDRESS	2000 SHARON ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DR	<input type="checkbox"/> Delete
NAME	ROSCHACH, LORI D	
STREET ADDRESS	335-18TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D <i>Secretary</i>	<input type="checkbox"/> Delete
NAME	ROSCHACH, VERNON S	
STREET ADDRESS	3540 57TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *MARY S. ROSCHACH*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2001 (56) 231-8336
 Date Daytime Phone