

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90013 019 ***150.00

DOCUMENT # 257057

1. Entity Name
THE PACKERS OF INDIAN RIVER, INC.

Principal Place of Business

**2202 12TH AVE.
 VERO BCH. FL 32960-5311**

Mailing Address

**P.O. BOX 12969
 FT. PIERCE FL 34979-2969
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0953527

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROGERS, JAMES L
 5700 W MIDWAY ROAD
 FT. PIERCE FL 34981**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **STD**
 STREET ADDRESS **ROGERS, MARY M.**
 CITY-ST-ZIP **200 COCONUT PALM RD.
 VERO BCH. FL 32963**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROGERS, JAMES L. III**
 CITY-ST-ZIP **200 COCONUT PALM RD.
 VERO BCH. FL 32963**

TITLE ☒ Change ☐ Addition
 NAME **STD**
 STREET ADDRESS **ROGERS, JAMES L. III**
 CITY-ST-ZIP **200 COCONUT PALM RD.
 VERO BEACH, FL 32963**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNSON, SUE ROGERS**
 CITY-ST-ZIP **7380 WILDERCLIFF DR.
 ATLANTA GA 30328**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **MICHAEL J. GARAVAGLIA, JR.**
 CITY-ST-ZIP **1617 W. SANDPOINTE PL.
 VERO BEACH, FL 32963**

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James L. Rogers III

Date

Daytime Phone #

2/4/02 561 464-6575

CR2E034 (9/01)