

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: 306799

1. Entity Name

HALE INDIAN RIVER GROVES, INC.

FILED
00 MAY 19 PM 3:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1142796**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALE, STEPHEN C JR
US HWY NO 1
WABASSO FL

Name **James J. Kretsch**
 Street Address (P.O. Box Number is Not Acceptable)
610 Golf View Drive
 City **Vero Beach** FL Zip Code **32960**

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

Stephen C. Hale

James J. Kretsch

May 1, 2000

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, 2000 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	C <input type="checkbox"/> Delete
NAME	HALE, STEPHEN C JR
STREET ADDRESS	500 INDIAN HARBOR ROAD
CITY-ST-ZIP	VERO BEACH FL
TITLE	PD <input type="checkbox"/> Delete
NAME	HALE, STEPHEN C III
STREET ADDRESS	1160 ADMIRALS WALK
CITY-ST-ZIP	VERO BEACH FL
TITLE	SD <input type="checkbox"/> Delete
NAME	HALE, MARY D
STREET ADDRESS	500 INDIAN HARBOR ROAD
CITY-ST-ZIP	VERO BEACH FL
TITLE	VD <input type="checkbox"/> Delete
NAME	KRETSCH, JAMES J
STREET ADDRESS	610 GOLF VIEW DRIVE
CITY-ST-ZIP	VERO BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	HALE, SUSAN B
STREET ADDRESS	P.O. BOX 3849 N/A
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900003277069--6
STREET ADDRESS	-06/05/00--01121--002
CITY-ST-ZIP	***1276.25 ****150.00
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
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:

Stephen C. Hale
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000

Date

(561)589-4334

Daytime Phone #

CFR2E034 (9/99)