

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90098 027 ***150.00

DOCUMENT # 502930

1. Entity Name
INDIAN SPRING REALTY, INC.,

Principal Place of Business 11500 El Clair Ranch Rd
Boynton Beach, FL 33437
Mailing Address 11500 El Clair Ranch Rd.
Boynton Beach, FL 33437

00038003

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** 59-1822176 **Applied For**
Not Applicable
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

Peterman, Marjorie M.
11500 El Clair Ranch Rd.
Boynton Beach, FL 33437

Name **Proujansky, Albert N.**
Street Address (P.O. Box Number is Not Acceptable)
11500 El Clair Ranch Rd.
Boynton Beach, FL 33437
City **Boynton Beach** **FL** Zip Code **33437**

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 *Albert N. Proujansky* **Albert N. Proujansky** **4/17/00**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD <input type="checkbox"/> Delete	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Peterman, Marjorie A.	NAME Proujansky, Albert N.
STREET ADDRESS 11500 El Clair Ranch Rd.	STREET ADDRESS 11500 El Clair Ranch Rd.
CITY-ST-ZIP Boynton Beach, FL 33437	CITY-ST-ZIP Boynton Beach, FL 33437
TITLE PD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Greenberg, Leonard E.	
STREET ADDRESS 11500 El Clair Ranch Rd.	
CITY-ST-ZIP Boynton Beach, FL 33437	
TITLE TD <input checked="" type="checkbox"/> Delete	TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Echelson, Ivan	NAME Parkes, Thomas K.
STREET ADDRESS 11500 El Clair Ranch Rd.	STREET ADDRESS 11500 El Clair Ranch Rd.
CITY-ST-ZIP Boynton Beach, FL 33437	CITY-ST-ZIP Boynton Beach, FL 33437
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Thomas K. Parkes* **Thomas K. Parkes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date Daytime Phone #

CR2E034 (9/99)