

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503561

1. Entity Name

IVORY TOWER ENTERPRISES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90247 022 \*\*\*150.00

Principal Place of Business

Mailing Address

1400 S. NOVA RD. #227  
DAYTONA BEACH FL 32114

P.O. BOX 4267  
S. DAYTONA BEACH FL 32121  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1698850

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

COCHRANE, GEORGE BRADLEY  
1400 S. NOVA RD. #227  
DAYTONA BEACH FL 32114

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, 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	VD	<input type="checkbox"/> Delete
NAME	BRICK, SHERRY E.	
STREET ADDRESS	5500 KINGSWOOD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PCO	<input type="checkbox"/> Delete
NAME	SCHNIBBEN	
STREET ADDRESS	3408 COUNTRY MANOR DR	
CITY-ST-ZIP	S DAYTONA FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	JENNE, SALLY E	
STREET ADDRESS	7607 MONCLAIR CT	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COCHRANE, THOMAS MICHAEL	
STREET ADDRESS	21 PALM CASTLE DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	CCEO	<input type="checkbox"/> Delete
NAME	COCHRANE, G. BRAD	
STREET ADDRESS	1400 S NOVA RD #227	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COCHRANE, MARGARET E.	
STREET ADDRESS	1400 SOUTH NOVA ROAD, #226	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCHRANE, JAMES B.	
STREET ADDRESS	6140 DEL MAR DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	FIRST NAME: SHIRLEY E.	<input checked="" 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		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)