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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 11, 2002 8:00 am **DOCUMENT # 703143 Secretary of State** 1. Entity Name 01-11-2002 90016 004 ****61.25 INDIAN RIVER LITTLE HOUSE ASSOCIATION, INC. Mailing Address Principal Place of Business 5070 N HWY A1A 1846 18 AVE 80002237 SUITE 200 VERO BEACH FL 32963 VERO BEACH FLA 32960 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2359662 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) TAYLOR, JAMES A THE OAK POINT PROFESSIONAL CENTER STE 200 5070 N HIGHWAY A-1-A Zip Code City VERO BCH FL 32963 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE NAME SWEZEY: TERRY NAME CR2E037 STREET ADDRESS STREET ADDRESS 1846-18TH AVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition Delete TITLE TITLE WISEMAN, THOMAS NAME NAME 1846 18TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Change ☐ Addition TITLE Delete TITLE LUE, MICHAEL NAME NAME STREET ADDRESS 1846 18TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition ☐ Delete TITLE TITLE RICE, PATRICK NAME NAME STREET ADDRESS 1846 18TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF VERO BEACH!FL 32960 Change ☐ Addition ☐ Delete TITLE TITLE J. ATWOD TAYLOR, III TAYLOR, JAMES A III NAME NAME 5070 N. HWY A-1-4, Suite 200 Ver Besch, FL 72963 STREET ADDRESS 5070 N HWY A-1-A STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH FL 32963 Change Addition ☐ Delete TITLE TITLE ADKINS, MICHAEL NAME NAME STREET ADDRESS 1846-18TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

REQUIDEATION TAYIN, III

SIGNATURE

SIGNATURE: