

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714273

1. Entity Name

INDEPENDENT INSURANCE AGENTS OF INDIAN RIVER COU

Principal Place of Business

Mailing Address

P.O. BOX 785  
VERO BEACH FL 32961-0785  
US

P.O. BOX 785  
VERO BEACH FL 32961-0785  
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

23-7421534

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

COOKSEY, BYRON T.  
979 BEACHLAND BLVD.  
VERO BEACH FL 32963

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SCHLITT, JEFF.  
STREET ADDRESS 1717 INDIAN RIVER BLVD, #300  
CITY-ST-ZIP VERO BEACH FL 32960 ☒ Delete

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

TITLE TD  
NAME WALLACE, SCOTT C  
STREET ADDRESS 2045 14<sup>TH</sup> AVE  
CITY-ST-ZIP VERO BCH FL 32960 ☒ Delete

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

TITLE ~~SPX~~  
NAME THOMPSON, AMY  
STREET ADDRESS 2046 14TH AVE.  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE SECRETARY / TREASURER  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME ROSELAND, CHERYL  
STREET ADDRESS 2045 14TH AVE.  
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

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

TITLE D  
NAME NESPER, WILLIAM  
STREET ADDRESS 827 8TH ST  
CITY-ST-ZIP VERO BCH FL 32960 ☒ Delete

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

TITLE PD  
NAME PAPRETH, CHARLES  
STREET ADDRESS 2800 OCEAN DR  
CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)