

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90860 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 738353**

1. Entity Name

**INDIAN ROCKS BEACH CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

540 20TH AVENUE  
 INDIAN ROCKS BEACH FL 34635  
 US

540 20TH AVENUE  
 INDIAN ROCKS BEACH FL 33785-2932  
 US

2. Principal Place of Business

3. Mailing Address

831-B E. GULF BLVD  
 Suite, Apt. #, etc.

P.O. Box 124  
 Suite, Apt. #, etc.

City & State

City & State

INDIAN ROCKS BEACH, FL

INDIAN ROCKS BEACH, FL

Zip

Country

Zip

Country

33785

USA

33785

USA

4. FEI Number

59-2131292

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

SWALES, BILL  
 540 20TH AVENUE  
 INDIAN ROCKS BEACH FL 33785

Name

LINDA CLARK

Street Address (P.O. Box Number is Not Acceptable)

831-B E. GULF BLVD.

City

INDIAN ROCKS BEACH

FL

Zip Code

33785

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

*Linda Clark, President*

4/24/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	V	<input type="checkbox"/> Delete
NAME	GEISSLER, FRED	
STREET ADDRESS	131 LIVE OAK LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, SUE	
STREET ADDRESS	1215 BAYSHORE BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUJAWSKI, BETTY	
STREET ADDRESS	480 HARBOR DR. N	
CITY-ST-ZIP	INDIAN ROCKS BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGLAUGHLIN, CAROL	
STREET ADDRESS	108 21ST AVE	
CITY-ST-ZIP	INDIAN ROCK BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTONE, JOAN	
STREET ADDRESS	430 HARBOR DR S	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELSTROM, BARBARA	
STREET ADDRESS	105 11TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	

TITLE	V to D	<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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA CLARK	
STREET ADDRESS	831-B E. GULF BLVD.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D to S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D to V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S to D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

CR2E037 (9/99)