

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90032 038 \*\*\*\*61.25

**DOCUMENT # 753005**

1. Entity Name

**INDIAN RIVER CHAPTER NO. 153 OF THE INSTITUTE OF**

Principal Place of Business

HARBOR FEDERAL  
 601 ATLANTIC AVE  
 FT. PIERCE FL 34950  
 US

Mailing Address

100 S. 2ND STREET  
 P. O. BOX 249  
 FT. PIERCE FL 34950-4306

2. Principal Place of Business

*HARBOR FEDERAL*

Suite, Apt. #, etc.

*100 S. 2nd ST.*

3. Mailing Address

Suite, Apt. #, etc.

City & State  
*Ft. Pierce FL*

City & State

Zip  
*34950*

Country  
*US*

Zip

Country

4. FEI Number

**59-2168408**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

SAUNDERS, RUNA  
 2408 NEWPORT DR  
 FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

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

*Runa Saunders*

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

(NOTE: Registered Agent signature required when reinstating)

*3/19/01*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDGES, LINDA 5015 E WHITMORE DR PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAUNDERS, RUNA 2408 NEWPORT DR FT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, HEIDI 5708 BIRCH DR FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAFT, PATRICIA 4902 LAKEWOOD PK DR FORT PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, DONNA 2400 S OCEAN DR #5421 FORT PIERCE FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGARRY, NANCY P.O. BOX 3584 N/A FT. PIERCE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, ANDREA 7440 S. OCEAN DRIVE #A123 Jensen Beach, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLAN, TAMMY 2020 Esplanade East FT Pierce FL 34982-5649	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Runa Saunders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/13/01 5614607244*

Daytime Phone #

CR2E037 (10/00)