

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90101 037 ****61.25

DOCUMENT # 790106

1. Entity Name

INDIAN RIVER CITRUS LEAGUE, INC.

Principal Place of Business

**7925 20TH STREET
VERO BCH FL 32966**

Mailing Address

**INDIAN RIVER CITRUS LEAGUE INC
P.O. BOX 690007
VERO BCH FL 32966
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

59-0594030

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BOURNIQUE, DOUGLAS C.
7925 20TH STREET
VERO BEACH FL 32960**

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 **Douglas C. Bournique**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-01**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 **VCD** ☐ Delete
NAME **JACOBS, DARYL C**
STREET ADDRESS **5795 GLEN EAGLE LN**
CITY-ST-ZIP **VERO BEACH FL 32967**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **NELSON, GREGORY P**
STREET ADDRESS **1806 OCEAN DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **SEXTON, ROBERT G**
STREET ADDRESS **371 SHORES DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **SMITH, RAY JR**
STREET ADDRESS **649 LAKE DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **GATES, PHILIP C. S**
STREET ADDRESS **2323 SOUTH INDIAN RIVER DRIVE**
CITY-ST-ZIP **FORT PIERCE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☒ Delete
NAME **JACOBS, DARYL C**
STREET ADDRESS **5235 22ND ST.**
CITY-ST-ZIP **VERO BEACH FL**TITLE ☐ Change ☐ Addition
NAME **Parrish, J. J., III**
STREET ADDRESS **1013 Indian River Drive**
CITY-ST-ZIP **Titusville, FL 32780**

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: **Robert G Sexton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01**5615622728**

CR2E037 (10/00)