

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04897

1. Entity Name

SECURITY TITLE OF INDIAN RIVER, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90009 021 ***150.00

Principal Place of Business

Mailing Address

3710 20 ST.
VERO BCH FL 32960

3710 20 ST.
VERO BCH FL 32960-2411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2038204

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'HAIRE, MICHAEL
3103 CARDINAL DRIVE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LANE, PERRY C., JR.
STREET ADDRESS 855 25TH AVENUE
CITY-ST-ZIP VERO BEACH FL

TITLE PD ☒ Change ☐ Addition
NAME LANE, PERRY C., JR.
STREET ADDRESS 664 BROADWAY
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE S ☐ Delete
NAME LANE JOANN M.
STREET ADDRESS 855 25TH AVENUE
CITY-ST-ZIP VERO BEACH FL

TITLE S ☐ Change ☐ Addition
NAME LANE, JOANN M.
STREET ADDRESS 664 BROADWAY
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VD ☒ Delete
NAME BUGLIONE, PATRICIA S
STREET ADDRESS 1901 INDIAN RIVER BLVD, #E-105
CITY-ST-ZIP VERO BEACH FL

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

TITLE VD ☐ Delete
NAME LANE, DAVID C
STREET ADDRESS 1625 41ST AVENUE
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

2/25/2000

Date

1-561-569-1500

Daytime Phone #

CR2E034 (9/99)