

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F39990**

1. Entity Name

INDIAN RIVER LANDS, INC.

Principal Place of Business

**3003 CARDINAL DR
SUITE C
VERO BEACH FL 32963-1974**

Mailing Address

**3003 CARDINAL DR
SUITE C
VERO BEACH FL 32963-1974**

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 **59-2815031**

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

**OFFUTT, HARRY C. III
3003 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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	COCHRANE, WILLIAM H.	2320 CLUB DRIVE	VERO BEACH, FL 00000	<input type="checkbox"/>
VPD	MCLARTY, NANCY J.	991 GREENWAY LANE	VERO BEACH FL	<input type="checkbox"/>
STD	OFFUTT, HARRY C. III	3003 CARDINAL DRIVE	VERO BEACH FL	<input type="checkbox"/>
D	GONZALEZ, LENOR L.	1 WINDWARD WAY	VERO BEACH FL	<input type="checkbox"/>
D	WALTON, WILLIAM H. III	1251 AVENUE OF THE AMER.	NEW YORK, NY.	<input type="checkbox"/>
D	SMATHERS, ROSEMARY T.	500 BEACH ROAD - #311	VERO BEACH FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90145 026 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)