

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50659

1. Entity Name

INDIGO COMMERCIAL REALTY INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90077 038 ***150.00

Principal Place of Business

Mailing Address

149-C SO RIDGEWOOD AVENUE
P.O. BOX 10809
DAYTONA BEACH FL 32120-0809
US

149-C SO RIDGEWOOD AVENUE
P.O. BOX 10809
DAYTONA BEACH FL 32120-0809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2174065

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

LAGONI, PATRICIA
149-C S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

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	DV	☐ Delete
NAME	TEETERS, BRUCE W.	
STREET ADDRESS	149 CS RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ Delete
NAME	MCMUNN, WILLIAM H.	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	V	☐ Delete
NAME	APGAR, ROBERT F.	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	D	☐ Delete
NAME	MOOTHART, GARY J.	
STREET ADDRESS	149-C S. RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ Delete
NAME	ALLEN, BOB D.	
STREET ADDRESS	608 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	VSD	☒ Delete
NAME	LAGONI, PATRICIA	
STREET ADDRESS	131 MUIRFIELD DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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

GARY MOOTHART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00
Date

904-255-7558
Daytime Phone #

CR2E034 (9/99)