

UNIFORM BUSINESS REPORT (UBR)

2/11.

FILED
May 17, 2000 8:00 am
Secretary of State

02-11-2000 90014 022 ***150.00

DOCUMENT # K60467

1. Entity Name

INDIAN RIVER BANKING COMPANY

Principal Place of Business

Mailing Address

~~* CHARLES LAYN~~ **WILLIAM A HIGH**
958 20TH PL
VERO BEACH FL 32960

~~* CHARLES LAYN~~ **WILLIAM A HIGH**
958 20TH PL
VERO BEACH FL 32960-6420

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 **59-2931518**

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

~~LAYN, CHARLES~~ **WILLIAM A. HIGH**
958 20TH PL
VERO BCH FL 32960

Name **WILLIAM A HIGH**

Street Address (P.O. Box Number is Not Acceptable)
958 20TH Place

City **VERO BEACH**

FL

Zip Code **32960**

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 **WILLIAM A HIGH, PRESIDENT/CEO**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-2000

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

TITLE ☐ Delete
NAME **D MARINE, WILLIAM B**
STREET ADDRESS **5891 B NT PINE DR**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Delete
NAME **D GREENE, BARNETTE E JR.**
STREET ADDRESS **4855 16TH STREET**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Delete
NAME **D GRICE, ROBERT A**
STREET ADDRESS **710 CONOE TRAIL**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Delete
NAME **D RICHEY, DANIEL R.**
STREET ADDRESS **P.O. BOX 196 N/A**
CITY-ST-ZIP **WINTER BEACH FL**

TITLE ☐ Delete
NAME **ST RUEHMAN, KITTY L.**
STREET ADDRESS **13880 97TH STREET**
CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE ☐ Delete
NAME **D ROGERS, MARY M.**
STREET ADDRESS **200 COCONUT PALM RD**
CITY-ST-ZIP **VERO BCH FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **D GREENE, GRIFFIN**
STREET ADDRESS **2075 38th AVENUE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Change ☐ Addition
NAME **VD BEINDORF, PAUL A.**
STREET ADDRESS **P.O. BOX 1030**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Change ☐ Addition
NAME **PD HIGH, WILLIAM A.**
STREET ADDRESS **1775 SAND DOLLAR WAY**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☐ Addition
NAME **D MORGAN, KEITH H. JR.**
STREET ADDRESS **P.O. BOX 249**
CITY-ST-ZIP **VERO BEACH, FL 32961-0249**

TITLE ☐ Change ☐ Addition
NAME **D SMITH, JOHN DAVID**
STREET ADDRESS **49 ROYAL PALM BLVD., SUITE 200**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Change ☐ Addition
NAME **D GRAVES, WILLIAM C., IV**
STREET ADDRESS **128 43rd AVENUE SW**
CITY-ST-ZIP **VERO BEACH, FL 32968**

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 #

2-07-00