

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90143 030 \*\*\*150.00

DOCUMENT # K60467

1. Entity Name

INDIAN RIVER BANKING COMPANY

Principal Place of Business

% CHARLES LAVIN  
958 20TH PL  
VERO BEACH FL 32960

Mailing Address

% CHARLES LAVIN  
958 20TH PL  
VERO BEACH FL 32960

907321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2931518

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

LAVIN, CHARLES  
958 20TH PL  
VERO BCH FL 32960

Name William A. High, President  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARINE, WILLIAM B	
STREET ADDRESS	5891 B NT PINE DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, BARNETTE E JR.	
STREET ADDRESS	4855 16TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRICE, ROBERT A	
STREET ADDRESS	710 CONOE TRAIL	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHEY, DANIEL R.	
STREET ADDRESS	P.O. BOX 196 N/A	
CITY-ST-ZIP	WINTER BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUEHMAN, KITTY L.	
STREET ADDRESS	13880 97TH STREET	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, MARY M.	
STREET ADDRESS	200 COCONUT PALM RD	
CITY-ST-ZIP	VERO BCH FL	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, GRIFFIN	
STREET ADDRESS	2075 38th AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEINDORF, PAUL A.	
STREET ADDRESS	P.O. BOX 1030	
CITY-ST-ZIP	VERO BEACH, FL 32961	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, WILLIAM A.	
STREET ADDRESS	1775 SAND DOLLAR WAY	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, KEITH H. JR.	
STREET ADDRESS	P.O. BOX 249	
CITY-ST-ZIP	VERO BEACH, FL 32961-0249	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN DAVID	
STREET ADDRESS	49 ROYAL PALM BLVD. SUITE 200	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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 state of Florida. 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-978-1078  
1-18-01  
Sr. Vice President

CR2E034 (10/00)

D  
MINTON, JOHN L.  
P.O. BOX 670  
FT. PIERCE, FL 33454-0670

Attachment  
90.7321

K 66467