

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90048 026 *****50.00

DOCUMENT # L00000011873

1. Entity Name
INDIAN RIVER TITLE COMPANY, L.L.C.



Principal Place of Business

**958 20TH PLACE
VERO BEACH FL 32960**

Mailing Address

**958 20TH PLACE
VERO BEACH FL 32960**

2. Principal Place of Business

916 20TH PLACE

Suite, Apt. #, etc.

3. Mailing Address

916 20TH PLACE

Suite, Apt. #, etc.

City & State

VERO BEACH FL

Zip **32960**

Country

USA

City & State

VERO BEACH FL

Zip **32960**

Country

USA

4. FEI Number **65-1055572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEINDORF, PAUL A
958 20 PLACE
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BEINDORF, PAUL A**
STREET ADDRESS **958 20TH PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **MGR** ☐ Delete
NAME **GRICE, ROBERT A**
STREET ADDRESS **958 20TH PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **MGR** ☐ Delete
NAME **MINTON, JOHN L**
STREET ADDRESS **958 20TH PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **MGR** ☒ Delete
NAME **SWIFT, MACY**
STREET ADDRESS **958 20TH PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **MGR** ☐ Delete
NAME **MORTON, JEFFREY**
STREET ADDRESS **958 20TH PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ 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

TITLE ☐ Change ☒ Addition
NAME **MGR DEBORAH CHASTAIN**
STREET ADDRESS **916 20 PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

1/24/03