

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L34765**

1. Entity Name

INDIAN RIVER LAND II CORP.

Principal Place of Business

**% WILLIAM D. SOMAN
9000 ARVIDA DRIVE
CORAL GABLES FL 33156**

Mailing Address

**% WILLIAM D. SOMAN
9000 ARVIDA DRIVE
CORAL GABLES FL 33156**

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

65-0163734

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOMAN, WILLIAM D.
9000 ARVIDA DRIVE
CORAL GABLES FL 33156**

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.

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	DV	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, SUSAN P	
STREET ADDRESS	10624 N.W. 225-A	
CITY-ST-ZIP	OCALA FL	

TITLE	DS	<input type="checkbox"/> Delete
NAME	SOMAN, JEAN P.	
STREET ADDRESS	9000 ARVIDA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	DP	<input type="checkbox"/> Delete
NAME	SOMAN, WILLIAM D.	
STREET ADDRESS	9000 ARVIDA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REITER, JILL S.	
STREET ADDRESS	6812 TALAVERA STREET	
CITY-ST-ZIP	CORAL GABLES, FL 33146	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM D. SOMAN**APR 04 2001**

Date

305.661-7771

Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90030 025 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)