

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L49568

1. Entity Name

UNITED IRRIGATION OF I.R.C., INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90016 004 \*\*\*150.00

Principal Place of Business

Mailing Address

5 SOUTH ELM STREET  
FELLSMERE FL 32958  
US

P.O. BOX 690097  
VERO BEACH FL 32969-0097  
US

2. Principal Place of Business

3. Mailing Address

1206 8<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

4. FEI Number 59-2988044

Applied For  
Not Applicable

Zip  
32962

Country  
I.R.

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

HIERS, LEROY  
10325 BABCOCK ST.  
FELLSMERE FL 32948

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 PD  
NAME HIERS, LEROY  
STREET ADDRESS 10325 BABCOCK ST.  
CITY-ST-ZIP FELLSMERE FL ☐ Delete

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

TITLE V  
NAME HIERS, BARBARA  
STREET ADDRESS 10325 BABCOCK ST.  
CITY-ST-ZIP FELLSMERE FL ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Barbara Hiers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Hiers VP 1/19/00 561-562-7856

CR2E034 (9/99)