

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006895

1. Entity Name
INDIAN RIVER SOUTH, L.L.C.

Principal Place of Business
150 GRAVES ROAD
FORT PIERCE FL 34945

Mailing Address
P.O. BOX 2667
FORT PIERCE FL 34954-2667

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

65-0954750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENNELL, DARRELL
979 BEACHLAND BLVD.
VERO BEACH FL 32963

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Manager Member
Draine Family LTD. Partnership, MGRM
STREET ADDRESS 960 S. Westlake Blvd. #209
CITY-ST-ZIP Westlake Village, Ca 91361

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

TITLE NAME ☐ Delete
Member
Schirard Family, L.L.C.
STREET ADDRESS P.O. Box 2667
CITY-ST-ZIP Fort Pierce, Fl 34954

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

TITLE NAME ☐ Delete
Member
Poulson Family Trust
STREET ADDRESS 960 S. Westlake Blvd. #209
CITY-ST-ZIP Westlake Village, Ca 91361

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

TITLE NAME ☐ Delete
Member
R. Cameron Draine
STREET ADDRESS 960 S. Westlake Blvd. #209
CITY-ST-ZIP Westlake Village, Ca 91361

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

TITLE NAME ☐ Delete
Member
Sam Perricone
STREET ADDRESS P.O. Box 2185
CITY-ST-ZIP Los Angeles, Ca 90021

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

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:

R. CAMERON DRAINE 4/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #