

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90029 045 ***150.00

DOCUMENT # M95022

1. Entity Name

INDIAN RIVER BEND CONSTRUCTION CO.

Principal Place of Business

**2900 N. MILITARY TRAIL., STE 200
BOCA RATON FL 33431**

Mailing Address

**2900 N. MILITARY TRAIL., STE 200
BOCA RATON FL 33431-6308**

00010030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0113850

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KARYO, MAXIMILIEN R
FORTAIN & KARYO, P.A.
370 W. CAMINO GARDENS BLVD., STE 403
BOCA RATON FL 33432**

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, 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

**TITLE PSD
NAME BURGESS, PETER M
STREET ADDRESS 2900 N. MILITARY TRAIL., STE 200
CITY-ST-ZIP BOCA RATON FL 33431**☐ Delete**TITLE
NAME
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CITY-ST-ZIP**☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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

Date

Daytime Phone #

1/25/2000

561-241-3200