

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000004805**1. Entity Name
INDIAN RIVER SOLDIERS, INC.Principal Place of Business
515 ISLAND CPURT
INDIAN HARBOR BEACH FL 32937
Mailing Address
P.O. BOX 411243
MELBOURNE FL 329411243

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 ☒ Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

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 **DONALD R. MEADOR****02/09/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	KOHLER SHERRI A	
STREET ADDRESS	515 ISLAND CPURT	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEADOR DOANLD R	
STREET ADDRESS	515 ISLAND COURT	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEBBI MATTHEW	
STREET ADDRESS	515 ISLAND COURT	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEADOR DESIREE L	
STREET ADDRESS	515 ISLAND COURT	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEHN DAVID	
STREET ADDRESS	515 ISLAND COURT	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEHN LAURETTE L	
STREET ADDRESS	515 ISLAND COURT	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOR DONALD R	
STREET ADDRESS	515 ISLAND COURT	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurette E. Behn

Pd

02/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)