

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90198 005 \*\*\*\*61.25

DOCUMENT # N00000007044

1. Entity Name

THE SNEAKER EXCHANGE OF INDIAN RIVER COUNTY, INC

Principal Place of Business

C/O JOHN E MOORE, III  
 5070 N HIGHWAY A1A  
 VERO BEACH FL 32963

Mailing Address

C/O JOHN E MOORE, III  
 5070 N HIGHWAY A1A  
 VERO BEACH FL 32963

2. Principal Place of Business

The Sneaker Exchange

Suite, Apt. #, etc.

P.O. Box 3884

City & State

Vero Beach, FL

Zip

32964

Country

US

3. Mailing Address

The Sneaker Exchange

Suite, Apt. #, etc.

P.O. Box 3884

City & State

Vero Beach, FL

Zip

32964

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1049014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN E III  
 5070 N HWY A1A  
 VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Kathryn A. Edwards

Street Address (P.O. Box Number is Not Acceptable)

536 Point Lane

City

Vero Beach

FL

Zip Code

32963

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

Kathryn A. Edwards, President

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

(NOTE: Registered Agent signature required when reinstating)

April 30, 2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn A. Edwards - D	
STREET ADDRESS	536 Point Lane	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Becker - D	
STREET ADDRESS	989 Bay Oak Lane	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Moore - D	
STREET ADDRESS	1036 Indian Mound Trail	
CITY-ST-ZIP	Vero Beach, FL 32963	
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)(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 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:

KATHRYN A. EDWARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

361-231-7976

Date

Daytime Phone #

CR2E037 (10/00)