

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0100000011

FILED
May 22, 2002 8:00 AM
Secretary of State

Entity Name: INDIAN RIVER COUNTY FIREFIGHTERS SOFTBALL FUND INC.

Current Principal Place of Business:

175 8TH AVENUE
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

175 8TH AVENUE
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 65-1072813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, KELLY
175 8TH AVENUE
VERO BEACH, FL 32962

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLACE, KYLE
Address: 595 45TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: VD () Delete
Name: MONTUORO, BOB
Address: 595 45TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: STD () Delete
Name: WARD, KELLY
Address: 595 45TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY WARD

STD

05/22/2002

Electronic Signature of Signing Officer or Director

Date