

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0100000011

FILED  
Aug 17, 2003  
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 A WARD

Electronic Signature of Signing Officer or Director

STD

08/17/2003

\_\_\_\_\_ Date