## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # NO100003263

STREET ADDRESS

CITY-ST-ZIP

1. Entity Name COMMUNITY FOUNDATION OF INDIAN RIVER, INC.					(P)	I-16-2003 90128 033 **		
Principal Place of Business 3545 OCEAN DR STE. 201 VERO BEACH FL  2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 3545 OCEAN DR., STE, 201 VERO BEACH FL			<u> </u>			
		3. Mailing Address  Suite, Apt. #, etc.  City & State				CHECK HERE IF MAKING CHANGES		
					4. FEI Number APPLIED FOR Applied For			
Zip Country		Zip		ountry	5. Certificate of Star		Not Applicable  75 Additional Required	
<del></del>	6. Name and Address of Curren	t Registered Agent			7. Name and Addre	ess of New Registered Agent		
-				Name				
LLOYD, ROBIN A SR 3545 OCEAN DR., STE. 201				Street Address (P.O. Box Number is Not Acceptable)				
VERO BE								
				City	<u>.                                    </u>	FL Z	p Code	
	e named entity submits this statement titions of registered agent.	for the purpose of chan	ging its registe	ered office or regis	stered agent, or both, in the	e State of Florida. I am familia	r with, and accept	
<b>.</b>	1							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registe	rad Agent signature requ	uired when reinstating)	DATE		
					<del></del>			
	FILE NOW: FEE IS \$61.25		tion Campaign t Fund Contribu		\$5.00 May Be Added to Fees	Make Check Pay Florida Departmen		
10.	FILE NOW: FEE IS \$61.25	Trust		ution.	Added to Fees		t of State	
	OFFICERS AND D	Trust	t Fund Contribu	ution.	Added to Fees	Florida Departmen	t of State	
10. TITLE NAME	OFFICERS AND D	Trust	t Fund Contribu	LE ME	Added to Fees	Florida Departmen	ORS IN 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND D LLOYD, ROBIN A SR 3545 OCEAN DR., STE. 201	Trust	t Fund Contribution 111 Steel NA	TLE REET ADDRESS	Added to Fees	Florida Departmen	ORS IN 10	
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12. I hereby certify that the information supplied with his filling 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 truetee 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 activess, with all other like impowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

FILED
Apr 16, 2003 8:00 am §
Secretary of State