

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90032 033 ****61.25

0005421

DOCUMENT # N02000008915

1. Entity Name

INDIAN RIVER GUIDES ASSOCIATION, INC



Principal Place of Business

**4731 CHICAGO ST.
PORT ST. JOHN 32927
US**

Mailing Address

**4731 CHICAGO ST.
PORT ST. JOHN 32927
US**

2. Principal Place of Business

Suite, Apt. #, etc.

PO Box 6211

City & State

TITUSVILLE, FLORIDA

Zip

32782

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 6211

City & State

TITUSVILLE, FLORIDA

Zip

32782

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2390655

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**ZIMMERMAN JR., RALPH DAVID CAPT
4731 CHICAGO ST.
PORT ST. JOHN FL 32927**

7. Name and Address of New Registered Agent

Name

STOWELL P. ROBERTSON

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

1525 BIMINI STREET

City

Titusville

FL

Zip Code

32780

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

STOWELL ROBERTSON

7-14-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

7-14-03 407-416-1187

Date

Daytime Phone #

CR2E037 (4/03)