

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05559

1. Entity Name

INDIAN RIVER MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

PO BOX 6829
TITUSVILLE FL 32782
US

Mailing Address

PO BOX 6829
TITUSVILLE FL 32782
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1496699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, JEFFREY B
1011 INDIAN RIVER AVE
TITUSVILLE FL 32780

Name

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

City

FL

Zip Code

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS GREENE, JEFFREY B
CITY-ST-ZIP PO BOX 6829
TITUSVILLE FL

☐ Delete

TITLE
NAME VP
STREET ADDRESS GREENE, RACHEL M
CITY-ST-ZIP PO BOX 6829
TITUSVILLE FL

☐ Delete

TITLE
NAME TD
STREET ADDRESS GREEN, CHASE J
CITY-ST-ZIP PO BOX 6829
TITUSVILLE FL

☒ Delete

TITLE
NAME D
STREET ADDRESS GREENE, JORDAN B
CITY-ST-ZIP PO BOX 6829
FT LAUDERDALE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME CHASE J. GREENE
STREET ADDRESS P.O. BOX 6829
CITY-ST-ZIP TITUSVILLE, FL 32782

☒ Change ☐ Addition

TITLE
NAME JORDAN B. GREENE
STREET ADDRESS P.O. BOX 6829
CITY-ST-ZIP TITUSVILLE, FL 32782

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

JEFFREY B. GREENE

321-268-5546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)