

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06331

1. Entity Name

INDIOS COOPERATIVE, INCORPORATED

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90002 004 ****70.00

Principal Place of Business

Mailing Address

16630 SW WARFIELD BLVD
P.O. BOX 901
INDIANTOWN FL 34956

16630 SW WARFIELD BLVD
P.O. BOX 901
INDIANTOWN FL 34956-0901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2567261

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POWERS, COLLETTE

MYRTLE DR

P.O. BOX 8

INDIANTOWN FL 33456

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	D	<input type="checkbox"/> Delete
NAME	O'LAUGHLIN, REV. FRANK	
STREET ADDRESS	10935 S. MILITARY TR.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SIEFKER, PAUL E.	
STREET ADDRESS	15860 SW FAMEL AVENUE	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	FARIAS, LEONEL	
STREET ADDRESS	P.O. BOX 513 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	POWERS, COLLETTE	
STREET ADDRESS	MYRTLE DR.	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)