

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10977

1. Entity Name

INDIANTOWN RIDING CLUB, INC.

Principal Place of Business

TIMER POWERS PARK
P O BOX 762
INDIANTOWN FL 34956
US

Mailing Address

P O BOX 762
P O BOX 762
INDIANTOWN FL 34956-0762
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

65-0089132

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

EDWARDS, EVA J
15801 SW PALOMINO ST.
INDIANTOWN FL 34956

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 P
NAME DRIGGERS, DENIS
STREET ADDRESS SR 76 GATE 7
CITY-ST-ZIP INDIANTOWN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME EDWARDS, EVA J
STREET ADDRESS 15801 SW PALOMINO ST
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME BROWN, TONI
STREET ADDRESS 11151 SW FOX BROWN RD.
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME EDWARDS, CRAIG D
STREET ADDRESS 15801 SW PALOMINO ST
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ALSIP, SUE
STREET ADDRESS 23101 SW CARDAMINE ST
CITY-ST-ZIP INDIANTOWN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DRIGGERS, JEANA
STREET ADDRESS SR 76 GATE 7
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE
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

1-27-2000

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90029 035 ****61.25



DO NOT WRITE IN THIS SPACE