

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90034 025 \*\*\*\*70.00

C0074953



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N13487**

1. Entity Name

**INDIAN RIVER COLONY CLUB, INCORPORATED**

Principal Place of Business

Mailing Address

**1936 FREEDOM DRIVE  
 MELBOURNE FL 32940**

**1936 FREEDOM DRIVE  
 MELBOURNE FL 32940-6876**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2652580**

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

**WAYBRIGHT, CYNTHIA A  
 1936 FREEDOM DRIVE  
 MELBOURNE FL 32940**

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

*Cynthia A. Waybright*  
 Cynthia A. Waybright  
 Secretary/Treasurer

*4/13/00*  
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C</b><br><b>TROGDON, FLOYD</b><br><b>1400 KITTY HAWK WAY</b><br><b>MELBOURNE FL 32940</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>WAYBRIGHT, CYNTHIA A</b><br><b>2642 SHELL WOOD DR</b><br><b>MELBOURNE FL 32934</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ESTES, HOWARD</b><br><b>1820 INDEPENDENCE AVE.</b><br><b>MELBOURNE FL 32940</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LONG, HUCK</b><br><b>1536 TIPPICANOE CT.</b><br><b>MELBOURNE FL 32940</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WALSH, EUGENE R</b><br><b>1502 INDEPENDENCE AVE.</b><br><b>MELBOURNE FL 32940</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                    | <input type="checkbox"/> Delete |

|                                                |                                                                                                        |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C</b><br><b>Trogdon, Floyd H.</b><br><b>1596 Pioneer Dr.</b><br><b>Melbourne, FL 32940</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Gm</b><br><b>Lynch, Cliff</b><br><b>1936 Freedom Drive</b><br><b>Melbourne, FL 32940</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Hunt, Lucian J.</b><br><b>1532 Independence Ave.</b><br><b>Melbourne, FL 32940</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Abramowitz, Benjamin L.</b><br><b>1532 Tippicanoe Ct.</b><br><b>Melbourne, FL 32940</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Cynthia A. Waybright*  
 Cynthia A. Waybright  
 Secretary/Treasurer

*4/13/00 (321) 255-6000*  
 DATE

CR2E037 (9/99)