2001 UNIFORM BUSINESS REPCRT (UBR)

FILED Feb 20, 2001 8:00 am DOCUMENT # N13487 Secretary of State 1. Entity Name INDIAN RIVER COLONY CLUB, INCORPORATED 02-20-2001 90033 027 ****70.00 Principal Place of Business Mailing Address 1936 FREEDOM DRIVE 1936 FREEDOM DRIVE MELBOURNE FL 32940 MELBOURNE FL 3294C 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2652580 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WAYBRIGHT, CYNTHIA A 1936 FREEDOM DRIVE **MELBOURNE FL 32940** 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. (NOTE: Registered A 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Delete TITLE TROGDON, FLOYD NAME NAME Nordtvedt, Ernest R 1596 PIONEER DR STREET ADDRESS STREET ADDRESS 1467 Goldrush Ave. MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-78P Melbourne, FL 32940 Addition Change TITLE □ Delete TITLE WAYBRIGHT, CYNTHIA A NAME NAME Anderson, Thurman 2642 SHELL WOOD DR STREET ADDRESS STREET ADDRESS 945 Mayflower Ave. CITY-ST-7IP CITY-ST-ZIP. -MELBOURNE FL 32934 Melbourne, FL 32940 Addition Change ☐ Delete TITLE ESTES, HOWARD NAME NAME Abramowitz, Ben STREET ADDRESS 1820 INDEPENDENCE AVE. STREET ADDRESS 1532 Tippicanoe, CT CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 Melbourne, FL 32940 n ☐ Change ☐ Addition TITLE Delete TITLE LONG, HUCK NAME NAME 1536 TIPPICANOE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** Change ☐ Addition TITLE ☐ Delete TITLE WALSH, EUGENE R NAME NAME 1502 INDEPENDENCE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition HUNT, LUCIAN J NAME NAME STREET ADDRESS 1532 INDEPENDENCE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940**

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: