2000 UNIFORM BUSINESS REPORT (UBR)

Mar 04, 2000 8:00 am **DOCUMENT # N26215** Secretary of State 1. Entity Name 03-04-2000 90020 001 ****61.25 INDIAN RIVER LAND TRUST, INC. Principal Place of Business Mailing Address 350 US HWY 1 350 US HWY 1 VERO BEACH FL 32962-2906 VERO BEACH FL 32962 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0059649 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROSSWAY, BRADLEY W. 744 BEACHLAND BLVD. (ZIP 32963) VERO BEACH FL 32963 City 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 DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition VD ☐ Delete TITLE NAME KANEB, JILL NAME STREET ADDRESS STREET ADDRESS 300 SEA OAK DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change . Addition TITLE PD ☐ Delete TITLE NAME BENEDICT, PETER NAME STREET ADDRESS STREET ADDRESS 607-LANTANA:LANE ---- -CITY-ST-ZIP CITY-ST-2IP VERO BEACH FL 32963 ** Addition Change SD XX Delete TITLE TITLE NAME GILLICK, ELIZ NAME Sachtjen, Wilbur M. STREET ADDRESS STREET ADDRESS 3055 CARDINAL DR 855 Painted Bunting Lane CITY-ST-ZIP CITY-ST-ZIP vero Beach FL 32963 Vero Beach, FL 32963 **X**Delete TITLE Change XX Addition NAME SMITH, SUSAN NAME Greene, Nancy STREET ADDRESS STREET ADDRESS 3602 EAGLE DR 550 Camelia Lane CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32963 Vero Beach, FL 32963 Change ☐ Delete TITLE Addition TITLE VD NAME NAME Lowe, Thomas P. 9115 44th Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Wabasso, FL ☐ Delete ☐ Change ☐ Addition TITLE TITL E NAME NAME STREET ADDRESS 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 empoyered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the receiver of the corporation of the receiver o 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 attachme

SIGNATURE:

CITY-ST-ZIP

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