

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90090 015 ****61.25

0017212

DOCUMENT # N26215

1. Entity Name

INDIAN RIVER LAND TRUST, INC.



Principal Place of Business

**350 US HWY 1
VERO BEACH FL 32962**

Mailing Address

**350 US HWY 1
VERO BEACH FL 32962**

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 **65-0059649**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSSWAY, BRADLEY W.
744 BEACHLAND BLVD. (ZIP 32963)
VERO BEACH FL 32963**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WARD, JANE | |
| STREET ADDRESS | 8369 BAYTREE DR | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LOY, ALMA LEE | |
| STREET ADDRESS | 2038 35TH AVENUE | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SACHTJEN, WILBUR M | |
| STREET ADDRESS | 855 PAINTED BUNTING LANE | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GREENE, NANCY | |
| STREET ADDRESS | 550 CAMELIA LANE | |
| CITY-ST-ZIP | VERO BEACH FL 32983 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | LOWE, THOMAS P | |
| STREET ADDRESS | 9115 44TH AVE | |
| CITY-ST-ZIP | WABASSO FL 32970 | |
| 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 |
| 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 |
| 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 Required

3-31-03 772-794-0601

CR2E037 (10/02)