

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27608

1. Entity Name

SEMINOLE BOOSTERS OF INDIAN RIVER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7304
VERO BEACH FL 32961

P.O. BOX 7304
VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWORDS, KEVIN
4765 8TH PL
VERO BEACH FL 32766

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 VP ☐ Delete
NAME SCHLITT, JEFF
STREET ADDRESS 1364 33RD AVENUE S W
CITY-ST-ZIP VERO BEACH FL 32968

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SWORDS, KEVIN
STREET ADDRESS 4765 8TH PLACE
CITY-ST-ZIP VERO BCH. FL 32966

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KYSER, OWEN
STREET ADDRESS 4380 2ND SQ SW
CITY-ST-ZIP VERO BEACH FL 32968

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME YENCHO, JOHN
STREET ADDRESS 1844 26TH AVE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SWORDS, CAROLYN
STREET ADDRESS 4765 8TH PL
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STANTON, LINK
STREET ADDRESS 316 19TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☐ Change ☐ 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:

OWEN F. KYSER, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90021 036 ****61.25

606415



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0055529 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)

0031226