

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N28326**

1. Entity Name

INDIAN RIVER WAREHOUSE CONDOMINIUM ASSOCIATION,

Principal Place of Business

637 2ND LANE
E
VERO BEACH FL 32962
US

Mailing Address

637 2ND LANE
E
VERO BEACH FL 32962
US

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

RYDEEN, LOIS M.
307 BANYAN WAY
MELBOURNE BEACH FL 32951

4. FEI Number

59-1799587

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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

TITLE PD
NAME RYDEEN, DONALD C. ☐ Delete
STREET ADDRESS 307 BANYAN WAY
CITY-ST-ZIP MELBOURNE BEACH FLTITLE VPD
NAME GROVE, TYLER ☐ Delete
STREET ADDRESS 1330 LITTLE HARBOR DRIVE
CITY-ST-ZIP VERO BEACH FLTITLE STD
NAME RYDEEN, LOIS M. ☐ Delete
STREET ADDRESS 307 BANYAN WAY
CITY-ST-ZIP MELBOURNE BEACH FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Lois M Rydeen Lois M. Rydeen SecTrep - 4-16-01 561-569,2181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90178 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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