

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

DOCUMENT # N29798

1. Entity Name

ISLAND ROWING CLUB, INC.



FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90113 031 ****61.25

Principal Place of Business

KIWANIS ISLAND PARK
950 KIWANIS PARK RD
MERRITT IS FL 32953
US

Mailing Address

9570 S TROPICAL TR
MERRITT IS FL 32952

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 65-0085094

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

INGRAHAM, RON
9570 S TROPICAL TRAIL
MERRITT ISLAND FL 32952

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. 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
After September 10, 2003, min will be \$236.25

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

TITLE NAME	PDS INGRAHAM, RON	<input type="checkbox"/> Delete
STREET ADDRESS	9570 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE NAME	TD POLLAK, STEVEN R	<input type="checkbox"/> Delete
STREET ADDRESS	3000 SAVANNAH WAY	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	D ATKINSON, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	755 ARAGON ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE NAME	D KETTNER, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	19 MACRUDER AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.

SIGNATURE:

Ronald L. Ingraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

(321) 777-2578

Daytime Phone #

CR2E037 (4/03)