

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40158

1. Entity Name

"INDIAN RIVER" SPORT FISHING CLUB, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90244 026 ****70.00

Principal Place of Business

Mailing Address

P O BOX 1144
EDGEWATER FL 32141

P O BOX 1144
EDGEWATER FL 32132-1144

P.O Box 1144

P.O Box 1144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Edgewater FLA

FL Edgewater

Zip 32132

Country VOLUSA

Zip 32132

Country VOLUSA

4. FEI Number

59-3034589

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VER WAY, PHILIP
2001 SO RIVERSIDE DR
EDGEWATER FL 32141

Name

McCullough Richard

Street Address (P.O. Box Number is Not Acceptable)

181 TRAVELERS PALM DR

Edgewater

FLA

City

FL

Zip Code

32132

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

Richard McCullough

4/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VER WAY, PHILIP 2001 SO RIVERSIDE DR EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PREKUP, RON 1829 LIME TREE DR EDGEWATER FL 32132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEHALKO, TRACY 515 JUNIPER EDGEWATER FL 32132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McCullough Richard 181 TRAVELERS PALM DR Edgewater FLA 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PREKUP RON 1829 Lime tree DR Edgewater FLA 32132	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Newell Scott 1133 BAY DR New Smyrna Beach FLA 32158	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEHALKO TRACY 515 Juniper DR Edgewater FLA 32132	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Denton Steve 175 AZULEA Road Edgewater FLA 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Richard McCullough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

9044275478

Daytime Phone #

CR2E037 (9/99)