

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0009211

**DOCUMENT # N40158**

1. Entity Name

"INDIAN RIVER" SPORT FISHING CLUB, INC.

04-10-2001 90058 044 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P O BOX 1144  
EDGEWATER FL 32132

P O BOX 1144  
EDGEWATER FL 32132

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

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

MCCULLOUGH, RICHARD  
181 TRAVELERS PALM DR  
EDGEWATER FL 32132

Name

Ron ADAMS

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

2529 TAMARIND DR

EDGEWATER FLA 32132

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 PD ☒ Delete  
NAME MCCULLOUGH, RICHARD  
STREET ADDRESS 1515 JUNIPER DR.  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE PD ☒ Change ☐ Addition  
NAME Ron ADAMS  
STREET ADDRESS 2529 TAMARIND DR  
CITY-ST-ZIP EDGEWATER FLA 32132

TITLE VD ☒ Delete  
NAME PREKUP, RON  
STREET ADDRESS 1829 LIME TREE DR  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE VD ☒ Change ☒ Addition  
NAME RICHARD MCCULLOUGH  
STREET ADDRESS 1811 TRAVELERS PALM DR  
CITY-ST-ZIP EDGEWATER FLA 32132

TITLE TD ☐ Delete  
NAME MEHALKO, TRACY  
STREET ADDRESS 515 JUNIPER  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE TD ☐ Change ☒ Addition  
NAME ERIC MANNING  
STREET ADDRESS 2631 TAMARIND DR  
CITY-ST-ZIP EDGEWATER FLA 32132

TITLE SD ☒ Delete  
NAME DENTON, STEVE  
STREET ADDRESS 175 AZALEA RD  
CITY-ST-ZIP EDGEWATER FL 32141

TITLE SD ☐ Change ☒ Addition  
NAME LISA CLAIN  
STREET ADDRESS 1828 LIME TREE DR  
CITY-ST-ZIP EDGEWATER FLA 32132

TITLE VD ☒ Delete  
NAME NEWELL, SCOTT  
STREET ADDRESS 1133 BAY DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE TD ☐ Change ☐ Addition  
NAME TRACY MEHALKO  
STREET ADDRESS 1515 JUNIPER DR  
CITY-ST-ZIP EDGEWATER FLA 32132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: x

**RONALD PREKUP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)