

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90198 028 ****70.00

DOCUMENT # N40158

1. Entity Name

"INDIAN RIVER" SPORT FISHING CLUB, INC.

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

4. FEI Number

59-3034589

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

RON PREKUP SR.

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

1829 Lime Tree Drive

City

EDGEWATER FLA

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

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
NAME ADAMS, RON
STREET ADDRESS 2529 TAMURIND DRIVE
CITY-ST-ZIP EDGEWATER FL 32132 ☒ Delete

TITLE PD
NAME PREKUP RON SR
STREET ADDRESS 1829 LIME TREE
CITY-ST-ZIP EDGEWATER FLA 32132 ☒ Change ☐ Addition

TITLE VD
NAME MCCULLOUGH, RICHARD
STREET ADDRESS 1811 TRAVELERS PALM DRIVE
CITY-ST-ZIP EDGEWATER FL 32132 ☐ Delete

TITLE VD
NAME MCCULLOUGH
STREET ADDRESS 1811 TRAVELERS PALM DRIVE
CITY-ST-ZIP EDGEWATER FLA 32132 ☐ Change ☐ Addition

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

TITLE TD
NAME MEHALKO, TRACY
STREET ADDRESS 515 JUNIPER
CITY-ST-ZIP EDGEWATER FLA 32132 ☐ Change ☐ Addition

TITLE VD
NAME MANNING, ERIC
STREET ADDRESS 2631 TAMURIND DRIVE
CITY-ST-ZIP EDGEWATER FL 32132 ☒ Delete

TITLE VD
NAME MANNING, ERIC
STREET ADDRESS 161 CHARLES ST
CITY-ST-ZIP EDGEWATER FLA 32141 ☐ Change ☐ Addition

TITLE SD
NAME CLAIN, LISA
STREET ADDRESS 1828 LIME TREE DRIVE
CITY-ST-ZIP EDGEWATER FL 32132 ☐ Delete

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

TITLE TD
NAME MCHALKO, TRACY
STREET ADDRESS 1515 JUNIPER DRIVE
CITY-ST-ZIP EDGEWATER FL 32132 ☒ Delete

TITLE TD
NAME MCHALKO, TRACY
STREET ADDRESS 1515 JUNIPER DRIVE
CITY-ST-ZIP EDGEWATER FLA 32132 ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)