

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90159 018 \*\*\*\*61.25

**DOCUMENT # N40158**

1. Entity Name

"INDIAN RIVER" SPORT FISHING CLUB, INC.



Principal Place of Business

P O BOX 1144  
EDGEWATER FL 32132

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ADAMS, RON**  
**1829 LIME TREE DRIVE**  
**EDGEWATER FL 32132**

7. Name and Address of New Registered Agent

Name  
**Richard L. McCullough**  
Street Address (P.O. Box Number is Not Acceptable)  
**1811 Travelers Palm Dr.**

City  
**Edgewater** **FL** Zip Code  
**32132-3123**

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

*Richard L. McCullough*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/19/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. **PD** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **Richard L. McCullough**  
STREET ADDRESS **1811 Travelers Palm Dr.**  
CITY-ST-ZIP **Edgewater, FL. 32132-3123**

TITLE **TD** ☐ Change ☐ Addition  
NAME **MEHALKO, TRACY**  
STREET ADDRESS **1515 Juniper**  
CITY-ST-ZIP **EDGEWATER FLA 32132**

TITLE **VD** ☐ Change ☐ Addition  
NAME **manning Eric**  
STREET ADDRESS **2631 TAMURIND Drive**  
CITY-ST-ZIP **Edgewater, FLA 32132**

TITLE **SD** ☐ Change ☐ Addition  
NAME **CLAIN, LISA**  
STREET ADDRESS **1828 Lime Tree Drive**  
CITY-ST-ZIP **Edgewater, FLA 32132**

TITLE **TD** ☐ Change ☐ Addition  
NAME **MCHALKO, TRACY**  
STREET ADDRESS **1515 Juniper Drive**  
CITY-ST-ZIP **Edgewater, FLA 32132**

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 L. McCullough*

**4-19-03**

CR2E037 (10/02)