

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002443

1. Entity Name
VERO BEACH/INDIAN RIVER SURF LIFESAVING ASSOCIAT

Principal Place of Business Mailing Address
PO BOX 643129 PO BOX 643129
VERO BEACH FL 32964 VERO BEACH FL 32964-3129
US US

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 65-0700711 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELWARD, DANIEL J
183 FILBERT ST
SEBASTIAN FL 32958

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.

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANCOEUR, WILLIAM B	
STREET ADDRESS	5014 DEER RUN DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, JOHN	
STREET ADDRESS	8445 CAMPBELL AVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELWARD, DANIEL	
STREET ADDRESS	183 FILBERT ST	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOYSHNER, ROBERT	
STREET ADDRESS	118 MABRY ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, TONY	
STREET ADDRESS	1015 CLIPPER RD	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RIECK, NATHAN	
STREET ADDRESS	1609 QUAKER LN	
CITY-ST-ZIP	SEBASTIAN FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE MYERS	
STREET ADDRESS	410 12TH STREET SW	
CITY-ST-ZIP	VERO BCH, FL 32962	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHAN RIECK	
STREET ADDRESS	1609 QUAKER LN	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHAN RIECK	
STREET ADDRESS	1609 QUAKER LN	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AARON LEVY	
STREET ADDRESS	8405 FT. WALTON AVE.	
CITY-ST-ZIP	FT. PIERCE, FL 34961	

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: DANIEL J. ELWARD 4/25/00 561-321-6146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90096 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2EC37 (9/99)