

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

0031824

**DOCUMENT # N96000002443**

1. Entity Name

**VERO BEACH/INDIAN RIVER SURF LIFESAVING ASSOCIAT**

07-17-2001 90004 009 \*\*\*\*61.25

Principal Place of Business

PO BOX 643129  
 VERO BEACH FL 32964  
 US

Mailing Address

PO BOX 643129  
 VERO BEACH FL 32964  
 US



**40077643**



DO NOT WRITE IN THIS SPACE

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 **DANIEL J. ELWARD**

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

**6915 28TH CT.**

City **VERO Bch.**

**FL**

Zip Code **32967**

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

**DANIEL J. ELWARD, DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**07/05/01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIECK, NATHAN</b>	
STREET ADDRESS	<b>1609 QUAKER LN.</b>	
CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>	
TITLE	<b>TREASURER (T)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIECK, NATHAN</b>	
STREET ADDRESS	<b>1609 QUAKER LN.</b>	
CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>	
TITLE	<b>DIRECTOR (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL J. ELWARD</b>	
STREET ADDRESS	<b>6915 28TH CT.</b>	
CITY-ST-ZIP	<b>VERO Bch, FL 32967</b>	
TITLE	<b>VICE PRESIDENT (VP)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOYSHNER, ROBERT</b>	
STREET ADDRESS	<b>256 CORALWAY WEST</b>	
CITY-ST-ZIP	<b>INDIAN LANT, FL 32903</b>	
TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MYERS, STEVEN STEPHEN</b>	
STREET ADDRESS	<b>410 12TH STREET SW.</b>	
CITY-ST-ZIP	<b>VERO Bch., FL 32962</b>	
TITLE	<b>PRESIDENT (P)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, AARON</b>	
STREET ADDRESS	<b>8405 FT. WALTON AVE.</b>	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34951</b>	

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:** *[Handwritten Signature]* **DANIEL J. ELWARD (D)** **07/05/01** **(801) 321-6146**

CR2E037 (10/00)