

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90016 012 ****61.25

00317-2

DOCUMENT # N96000006357

1. Entity Name

INDIAN RIVER YOUTH SYMPHONY, INC.

Principal Place of Business

Mailing Address

~~6545 OCEAN DRIVE~~
~~SUITE 201~~
 VERO BEACH FL 32963
 US

~~6545 OCEAN DRIVE~~
~~SUITE 201~~
~~VERO BEACH FL 32963~~
 US

0 4 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1701 Hwy A1A
 Suite, Apt. #, etc.

PO Box 7194
 Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number **65-0717701**

Applied For
 Not Applicable

Zip
32963

Country
USA

Zip
32961-7194

Country
USA

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

HATCH, IRA
 1701 HWY A1A
 VERO BEACH FL ~~32963~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **32963**

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	D	<input type="checkbox"/> Delete
NAME	LABRANCHE, KEL	
STREET ADDRESS	PO BOX 2131	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODE, SUZIE	
STREET ADDRESS	236 18TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINCO, DENISE	
STREET ADDRESS	6445 4TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODE, SUZY	
STREET ADDRESS	236 18TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, DEBRA	
STREET ADDRESS	6437 55TH SQUARE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Denise Sinco* *Suzie Bode* *Suzie Bode* 1/30/01

CR2E037 (10/00)