2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am DOCUMENT # **N97000005900 Secretary of State** 1. Entity Name 02-21-2002 90128 022 ****61.25 INDIAN RIVER EDUCATION NETWORK FOUNDATION, INC. Principal Place of Business Mailing Address 1260 25TH STREET 1260 25TH STREET VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0814437 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name-Street Address (P.O. Box Number is Not Acceptable) srigley, Kenneth L 1260 25TH STREET VERO BEACH FL 32960 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (9/01) Addition ☐ Change C-D ☐ Delete TITLE TITLE JARSULIC, JOAN CHRMAN NAME NAME STREET ADDRESS STREET ADDRESS 86 CROOKED TREE LANE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 ☐ Change ☐ Addition VC-D ☐ Detete TITLE TITLE SRIGLEY, KENNETH V CHRMAN NAME NAME STREET ADDRESS 4775 8TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32966 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NEWELL, MICHAEL NAME STREET ADDRESS STREET ADDRESS 301 SHORES DRIVE CITY-ST-ZIP CITY-ST-ZIP vero Beach FL 32963 ☐ Addition ☐ Delete TITLE Change TITLE ROBINSON, PETER NAME NAME STREET ADDRESS STREET ADDRESS 315 GREYTWOG ROAD CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 emprowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIREKENNETH L SUGLEY 561-562-1621

FILED