

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90009 014 ****61.25

DOCUMENT # N97000006447

1. Entity Name

INDIAN RIVER JUNIORS VOLLEYBALL CLUB, INC.

Principal Place of Business

121 NORTH 19TH CIRCLE S.W.
 VERO BEACH FL 32962
 US

Mailing Address

121 NORTH 19TH CIRCLE S.W.
 VERO BEACH FL 32962
 US

CU037037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12655 93rd ST
 Suite, Apt. #, etc.

3. Mailing Address

12655 93rd ST
 Suite, Apt. #, etc.

City & State
Fellsmere, FL

City & State
Fellsmere, FL

4. FEI Number
59-3477809

Applied For
 Not Applicable

Zip
32948

Country
US

Zip
32948

Country
US

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

6. Name and Address of Current Registered Agent

WHITE, BOB
 121 NORTH 19TH CIRCLE S.W.
 VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name
Bonnie McCall
 Street Address (P.O. Box Number is Not Acceptable)
12655 93rd ST
 City
Fellsmere **FL** Zip Code
32948

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 *Bonnie McCall, BONNIE MCCALL, PRESIDENT* 3-19-01
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, BOB 121 NORTH 19TH CIRCLE S.W. VERO BEACH FL 32962	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCALL, BONNIE 12655 93RD ST. FELLSMERE FL 32948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, JOANNA G 10632 PINE CONE LANE FORT PIERCE FL 34945	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, DAVID 3093 OLD DIXIE HWY. FORT PIERCE FL 34946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bonnie McCall 12655 93rd ST Fellsmere, FL 32948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bonnie Coste 2481 SE Watercrest ST Port St Lucie, FL 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Connie Barney 1550 Penlynn St Sebastian, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mike McCall 12655 93rd St Fellsmere, FL 32948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bonnie McCall, BONNIE MCCALL, PRESIDENT* 3/19/01 561-564-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)