

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006304

1. Entity Name

INDIAN RIVER INSTITUTE, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90034 041 ****61.25

Principal Place of Business

2315 ATLANTIC BEACH BOULEVARD
 FORT PIERCE FL 34949

Mailing Address

2315 ATLANTIC BEACH BOULEVARD
 FORT PIERCE FL 34949

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0916148
 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, GILBERT R.H.
 2315 ATLANTIC BEACH BOULEVARD
 FORT PIERCE FL 34949

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
 NAME DM
 STREET ADDRESS KENNEDY, GILBERT E
 CITY-ST-ZIP 2315 ATLANTIC BCH BLVD
 FT PIERCE FL 34949

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TUCKER, JOHN W JR
 CITY-ST-ZIP 316 13TH AVENUE
 VERO BEACH FL 32962

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KENNEDY, SARAH B
 CITY-ST-ZIP 316-13TH AVENUE
 VERO BEACH FL 32962

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Gilbert R.H. Kennedy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)