

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N98000006304****1. Entity Name**  
INDIAN RIVER INSTITUTE, INC.**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**  
**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip Country

**4. FEI Number**  
**65-0916148**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**KENNEDY GILBERT R.H.  
2315 ATLANTIC BEACH BOULEVARD  
FORT PIERCE FL 34949 US**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 GILBERT R.H. KENNEDY****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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** D ☐ Delete  
**NAME** KENNEDY SARAH B  
**STREET ADDRESS** 316 13TH AVENUE  
**CITY-ST-ZIP** VERO BEACH FL 32962**TITLE** D ☐ Delete  
**NAME** TUCKER JOHN WJR  
**STREET ADDRESS** 316 13TH AVENUE  
**CITY-ST-ZIP** VERO BEACH FL 32962**TITLE** DM ☐ Delete  
**NAME** KENNEDY GILBERT E  
**STREET ADDRESS** 2315 ATLANTIC BCH BLVD  
**CITY-ST-ZIP** FT PIERCE FL 34949**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** DM ☒ Change ☐ Addition**NAME** KENNEDY GILBERT R  
**STREET ADDRESS** 2315 ATLANTIC BCH BLVD  
**CITY-ST-ZIP** FT PIERCE FL 34949**TITLE** ☐ Change ☐ Addition**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ 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)(f), 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**

DM

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)