

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # N99000000280

1. Entity Name

INDIALANTIC CIVIC ASSOCIATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-21-2000 90126 004 ****61.25

Principal Place of Business

Mailing Address

115 9 AVE
INDIALANTIC FL 32903115 9 AVE
INDIALANTIC FL 32903-3205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARVAJAL, RALPH
115 9 AVE
INDIALANTIC FL 32903

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake 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	Turja Karen	
STREET ADDRESS	303 Melbourne Ave	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	Joel I. Rosenblatt	
STREET ADDRESS	445 11th Ave	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ralph CARVAJAL	
STREET ADDRESS	115 9th Ave. Indialantic FL	
CITY-ST-ZIP	32903	
TITLE	T	<input type="checkbox"/> Delete
NAME	Brenda Rondikone	
STREET ADDRESS	201 First Ave	
CITY-ST-ZIP	Indialantic FL 32903	
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		
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)