

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N99000000927**

1. Entity Name

INDEPENDENT RETIREMENT COMMISSION, INC.**FILED**
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90004 014 ****61.25

0000028

Principal Place of Business

Mailing Address

**118 N MONROE STREET
SUITE 400
TALLAHASSEE FL 32301****118 N MONROE STREET
SUITE 400
TALLAHASSEE FL 32301**

2. Principal Place of Business

213 S. Adams Street

3. Mailing Address

213 S. Adams Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL 32301City & State
Tallahassee, FL 323014. FEI Number
59-3557465

Applied For

Not Applicable

Zip
32301Country
USAZip
32301Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS & WHITE, L.C.
216 W COLLEGE AVE
SUITE 201
TALLAHASSEE FL 32301**

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 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TORNILLO, PAT L JR
118 N MONROE STREET
TALLAHASSEE FL 32301** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
Steve Swartzel
206B S. Monroe Street
Tallahassee, FL 32301** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RYOR, JOHN
213 ADAMS STREET
TALLAHASSEE FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
Barbara Sharpe
206B S. Monroe Street
Tallahassee, FL 32301** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAWFORD, DOUGLAS
206-B S MONROE ST
TALLAHASSEE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Robert F. Lee
213 S. Adams Street
Tallahassee, FL 32301** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLANTON, WAYNE
203 S MONROE ST
TALLAHASSEE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
BISCEGLIA, SANDY
206B S. MONROE ST
TALLAHASSEE FL 32301** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
RILEY, PATRICIA
206B S. MONROE ST
TALLAHASSEE FL 32301** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

Robert F. Lee

9/5/01 850-224-1953

CR2E037 (5/01)