

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000000927

1. Entity Name

Independent Retirement Commission, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

213 S. Adams Street

Suite, Apt. #, etc.

3. Mailing Address

213 S. Adams Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3557465

Applied For

Not Applicable

Zip
32301

Country
USA

Zip
32301

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lewis & White, PLC

Street Address (P.O. Box Number is Not Acceptable)
222 W. Georgia Street

City
Tallahassee

FL Zip Code
32301

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

FEE IS \$61.25
Initial or Amended UBR

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 C
NAME Steve Swartzel
STREET ADDRESS 206B S. Monroe Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100008019501--8
-09/25/02--01061--005
*****61.25 *****61.25

TITLE D
NAME Robert F. Lee
STREET ADDRESS 213 S. Adams Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Douglas Crawford
STREET ADDRESS 206B S. Monroe Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE D
NAME Wayne Blanton
STREET ADDRESS 203 S. Monroe Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

9/17/02

850-224-1953

CR2E037B (12/01)