

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001387

1. Entity Name

LOUIS B. "BUCK" VOCHELLE FOUNDATION, INC.

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

05-22-2000 90028 044 ****61.25

Principal Place of Business

1849 25TH STREET
VERO BEACH FL 32960

Mailing Address

1849 25TH STREET
VERO BEACH FL 32960-3364

2. Principal Place of Business

Indian River Academy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0937711

Applied For

Not Applicable

5. 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

BURTON, JANE P
1849 25TH STREET
VERO BEACH FL 32960

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

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	<input type="checkbox"/> Delete
D	BURTON, JANE P	1849 25TH STREET	VERO BEACH FL 32960	<input type="checkbox"/>
D	CALLAHAN, DEBORAH	306 14TH AVENUE	VERO BEACH FL 32962	<input type="checkbox"/>
D	HEID, COLETTE	2040 EVA LANE	MALABAR FL 32950	<input type="checkbox"/>
D	JOHNSON, CAROL K	P.O. BOX 2606	VERO BEACH FL 32961	<input checked="" type="checkbox"/>
D	PEELER, CAROLYN	655 21ST STREET	VERO BEACH FL 32960	<input type="checkbox"/>
D	VOCHELLE, LUIS B JR	3333 20TH STREET	VERO BEACH FL 32960	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-2000 561/569-2284

CR2E037 (9/99)