

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000009067**

1. Entity Name

INDIAN RIVER LAGOON CORP.

Principal Place of Business

Mailing Address

C/O HATCH & DOTY, P.A.
1701 HWY. A1A, STE. 220
VERO BEACH FL 32963C/O HATCH & DOTY, P.A.
1701 HWY. A1A, STE. 220
VERO BEACH FL 32963**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-06-2001 90005 043 ***150.00

39619

DO NOT WRITE IN THIS SPACE

City & State VERO BEACH		City & State FLORIDA		4. FEI Number 59-3621303	Applied For <input type="checkbox"/> Not Applicable
Zip 32963	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered AgentHATCH, IRA C ESQ
C/O HATCH & DOTY, P.A.
1701 HWY. A1A, STE. 220
VERO BEACH FL 32963**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME WALTER GOODWIN	
STREET ADDRESS 5530 95TH ST	
CITY-ST-ZIP SEBASTIAN FL 32958	
TITLE D.P.	<input type="checkbox"/> Delete
NAME WALTER GOODWIN	
STREET ADDRESS 5530 95TH ST	
CITY-ST-ZIP SEBASTIAN FL 32968	
TITLE SEC.	<input type="checkbox"/> Delete
NAME SAME AS ABOVE	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME SAME AS ABOVE	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Goodwin President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

361 234-2400

Daytime Phone #

CP2E034 (10/00)