

FILED
May 28, 2002 8:00 am
Secretary of State

05-02-2002 90120 008 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000009067

1. Entity Name

INDIAN RIVER LAGOON INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5530 95TH ST

3. Mailing Address

5530 95TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEBASTIAN FL

City & State

SEBASTIAN FL

4. FEI Number

59-3621303

Applied For

Not Applicable

Zip

Country

32958 USA

Zip

Country

32958 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: GOODWIN WALTER T

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

5530 95TH ST

City SEBASTIAN

FL

Zip Code

32958

**DO NOT WRITE
IN THIS SPACE**

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

Walter T. Goodwin

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

(NOTE: Registered Agent signature required when revalidating)

5/18/02

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

January: May 3: Fee is \$150.00

After May 3: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GOODWIN WALTER T

STREET ADDRESS

5530 95TH ST

CITY - ST - ZIP

SEBASTIAN FL. 32958

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter T. Goodwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER T. GOODWIN

4/10/02 561-589-6040

DATE

Keying Phone #

CR2E0348 (12/01)