

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90057 005 ***158.75

0086034

DOCUMENT # P00000102073

1. Entity Name

INDIAN RIVER LAND SALES, INC.

Principal Place of Business

Mailing Address

**321 LEGEND TRAIL
VERO BCH FL 32963**

**321 LEGEND TRAIL
VERO BCH FL 32963**

2. Principal Place of Business

3. Mailing Address

1432 21ST STREET

1432 21ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

Suite F

**City & State
Vero Beach, FL.**

**City & State
Vero Beach, FL.**

**Zip
32960**

**Country
Indian River**

**Zip
32960**

**Country
Indian River**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOTT, DAN
321 LEGEND TRAIL
VERO BCH FL 32963**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **ELLIOTT, DAN**
CITY-ST-ZIP **321 LEGEND TRAIL
VERO BCH FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/01 561-770-2588

Date

Daytime Phone #

CR2E034 (10/00)