

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90166 028 \*\*\*550.00

DOCUMENT # P02000087489

1. Entity Name  
INDIAN RIVER ACRES DEVELOPMENT CORPORATION



Principal Place of Business  
7150 20TH STREET  
SUITE D  
VERO BEACH FL 32966

Mailing Address  
7150 20TH STREET  
SUITE D  
VERO BEACH FL 32966

2. Principal Place of Business

1425 23<sup>rd</sup> Ave S.W.

Suite, Apt. #, etc.

VERO BEACH, FL

City & State

32962

Zip

Country

3. Mailing Address

1425 23<sup>rd</sup> Ave S.W.

Suite, Apt. #, etc.

VERO BEACH, FL 32962

City & State

32962

Zip

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-3870628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACWILLIAM, KEVIN  
2345 14TH AVENUE  
SUITE 3  
VERO BEACH FL 32960

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
JENKINS, BRIAN  
STREET ADDRESS 7150 20TH STREET, SUITE D  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☐ Delete  
NAME D  
STASZEWSKI, MICHAEL  
STREET ADDRESS 1425 23RD AVENUE, S.W.  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☒ Delete  
NAME D  
DELISLE, DANNY  
STREET ADDRESS P.O. BOX 2202  
CITY-ST-ZIP VERO BEACH FL 32961

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 607, 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:

**NOTARIES REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03

Date

772-778-5876

Daytime Phone #

CR2E034 (4/03)