

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90051 007 \*\*\*158.75

**DOCUMENT # P94000026586**

1. Entity Name

INDIAN RIVER INVESTMENT CORPORATION OF THE TREAS



Principal Place of Business

Mailing Address

601 NORTH 7TH STREET  
 FORT PIERCE FL 34950

601 NORTH 7TH STREET  
 FORT PIERCE FL 34950

A0036244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1157108

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DUVAL, PATRICK  
 1817 SAN MARCOS AVENUE  
 FT PIERCE FL 34946

Name

Leroy Bennett

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

2101 Valencia Ave

City

Fort Pierce FL

Zip Code

34946

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 reinstalling)

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

TITLE P  
 NAME DUVAL, PATRICK  
 STREET ADDRESS 1807 SAN MARCUS AVE  
 CITY-ST-ZIP FT PIERCE FL 34946 ☒ Delete

TITLE C  
 NAME MARTIN, WESLEY  
 STREET ADDRESS 1905 JUANITA AVE  
 CITY-ST-ZIP FT PIERCE FL 34946 ☐ Delete

TITLE T  
 NAME KEITH, WILLIE EARL  
 STREET ADDRESS 3803 AVENUE I  
 CITY-ST-ZIP FT PIERCE FL 34947 ☐ Delete

TITLE FS  
 NAME WILLIAMS, WILLY J  
 STREET ADDRESS 1710 AVENUE E  
 CITY-ST-ZIP FT PIERCE FL 34950 ☐ Delete

TITLE S  
 NAME FLETCHER, SARA  
 STREET ADDRESS 503 S. 32ND STREET  
 CITY-ST-ZIP FT PIERCE FL 34947 ☐ Delete

TITLE D  
 NAME ELLIS, CARRIE  
 STREET ADDRESS 518 MEANS COURT  
 CITY-ST-ZIP FT PIERCE FL 34950 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Ralph Flowers ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS 5104 San Diego Ave.  
 CITY-ST-ZIP Fort Pierce, FL 34950

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

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

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

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

TITLE Leroy Bennett ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS 2101 Valencia Ave  
 CITY-ST-ZIP Fort Pierce, FL 34946

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:

*Willy Williams*

2/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #