

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

04-01-2002 90613 028 ***150.00

DOCUMENT # P94000026586

1. Entity Name
**INDIAN RIVER INVESTMENT CORPORATION OF THE TREAS
 URE COAST, INC.**

Principal Place of Business Mailing Address
601 NORTH 7TH STREET 601 NORTH 7TH STREET
FORT PIERCE FL 34950 FORT PIERCE FL 34950

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1157108** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOARD OF DIRECTOR

BENNETT, LEROY
1817 SAN MARCOS AVENUE
2101 VALENCIA AVE
FT PIERCE FL 34948

7. Name and Address of New Registered Agent

Name **BUSH, ANITA (PRESIDENT)**

Street Address (P.O. Box Number is Not Acceptable)
2504 AVENUE P

City **FORT PIERCE, FL** Zip Code **34947**

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 *Anita Bush* DATE **6-5-02**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PX CHAIRMAN OF BOARD** ☐ Delete
 NAME **FLOWERS, RALPH**
 STREET ADDRESS **5101 SAN DIEGO AVE**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **C** ☒ Delete
 NAME **MARTIN, WESLEY**
 STREET ADDRESS **1805 JUANITA AVE**
 CITY-ST-ZIP **FT PIERCE FL 34948**

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

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

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

TITLE **D BOARD OF DIRECTOR** ☐ Delete
 NAME **BENNETT, LEROY**
 STREET ADDRESS **3101 VALENCIA AVE**
 CITY-ST-ZIP **FORT PIERCE FL 34948**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **BUSH, ANITA (PRESIDENT)**
 STREET ADDRESS **2504 AVENUE P**
 CITY-ST-ZIP **FT. PIERCE, FL 34947**

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

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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 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: *Anita Bush*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02 **772-465-8492**
 Date Daytime Phone #

CR2E034 (9/01)