

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044721

1. Entity Name
INDIAN RIVER HOUSE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90122 015 ***150.00

Principal Place of Business

**3113 INDIAN RIVER DR
COCOA FL 32922**

Mailing Address

**5915 PONCE DE LEON BLVD. STE 60
CORAL GABLES FL 33146**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

3113 Indian River DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

4. FEI Number **59-3392160**

Applied For

Not Applicable

Zip

Country

Zip

Country

32922

USA

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

6. Name and Address of Current Registered Agent

**BENDER, HARRY K
5915 PONCE DE LEON BLVD. STE 60
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

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

City

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's 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

TITLE **PD** ☐ Delete
NAME **BENDER, SUZANNE**
STREET ADDRESS **5915 PONCE DE LEON BLVD. STE 60**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **STD** ☐ Delete
NAME **BENDER, SUZANNE**
STREET ADDRESS **3113 INDIAN RIVER DR**
CITY-ST-ZIP **CORAL GABLES FL 32922**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
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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 *Suzanne L Bender*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001 *631-57660*
Date Daytime Phone #

CR2E034 (10/00)