

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070921

1. Entity Name

INDIAN RIVER HOMES, INC.

FILED

Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90122 012 \*\*\*150.00

Principal Place of Business

3960 SOUTH BANANA RIVER BLVD.  
COCOA BEACH FL 32931

Mailing Address

3960 SOUTH BANANA RIVER BLVD.  
COCOA BEACH FL 32931

008339



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 59-2519864

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

RUNYAN, GARY G  
3960 SOUTH BANANA RIVER BLVD.  
COCOA BEACH FL 32931

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 \_\_\_\_\_ (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 D / Treasurer  
NAME RUNYAN, GARY G  
STREET ADDRESS 3960 SOUTH BANANA RIVER BLVD.  
CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Delete

TITLE President / Director / Secretary  
NAME Gregory Fuller  
STREET ADDRESS 164 Oak Grove Lane  
CITY-ST-ZIP Mervitt Island FL 32952 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V.P. / Director  
NAME Harold Fuller  
STREET ADDRESS 424 Dorset Dr  
CITY-ST-ZIP Cocoa Beach FL 32931 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Gary Runyan - Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-001  
Date

321-784-4515  
Daytime Phone #

CR2E034 (10/00)