

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000005309**

1. Entity Name

INDIANTOWN FOURTH ADDITION, INC.

Principal Place of Business

**1111 KANE CONCOURSE
SUITE 619
BAY HARBOR ISLANDS FL 33154**

Mailing Address

**1111 KANE CONCOURSE
SUITE 619
BAY HARBOR ISLANDS FL 33154-2044**

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 **65-0724012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****TAYLOR, MITCHELL
1111 KANE CONCOURSE
SUITE 619
BAY HARBOR ISLANDS FL 33154****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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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; 2000 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	PSD	<input type="checkbox"/> Delete
NAME	TAYLOR, MITCHELL	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 619	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

305 864 0502

Daytime Phone #

FILED**Jan 18, 2000 8:00 am
Secretary of State**

01-18-2000 90100 032 ***150.00

600119

DO NOT WRITE IN THIS SPACE