

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90021 019 ***150.00

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DOCUMENT # P97000083330

1. Entity Name

INDIAN SPRINGS OF ORMOND, INC.

Principal Place of Business

200 E GRANADA BLVD, STE 204
ORMOND BEACH FL 32176
US

Mailing Address

200 E GRANADA BLVD, STE 204
ORMOND BEACH FL 32176
US

00031682



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 W. Granada Blvd.
Suite, Apt. #, etc.
Suite G2

3. Mailing Address

P.O. Box 2652
Suite, Apt. #, etc.

City & State

Ormond Bch FL

City & State

Ormond Bch FL

4. FEI Number

59-3470600

Applied For

Not Applicable

Zip

32174

Country

US

Zip

32175

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOAR, T.J. III.
200 E GRANADA BLVD, STE 204
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

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

360 John Anderson Dr.

City

Ormond Bch

FL

Zip Code

32176

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.

T.J. Cloar III, President

(NOTE: Registered Agent signature required when reinstating)

4-2-01

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 ☐ Delete

NAME PD
CLOAR, T J I
STREET ADDRESS 200 E GRANADA BLVD, #204
CITY-ST-ZIP ORMOND BCH FL 32176

TITLE ☐ Delete

NAME VD
KOREY, ROBERT K
STREET ADDRESS 595 W GRANADA, #A
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☐ Delete

NAME STD
CLOAR, VIVIA H
STREET ADDRESS 200 E GRANADA BLVD, #204
CITY-ST-ZIP ORMOND BCH FL 32176

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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 PD
CLOAR T J III
STREET ADDRESS 360 John Anderson Dr
CITY-ST-ZIP Ormond Bch FL 32176

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME STD
CLOAR, VIVIA H.
STREET ADDRESS 360 John Anderson Dr.
CITY-ST-ZIP Ormond Bch FL 32176

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.J. Cloar III, President 4-2-01 386 672 5998

Date

Daytime Phone #

CR2E034 (10/00)