

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099643

1. Entity Name

INDIAN RIVER SEAFOOD, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90182 034 ***158.75

103189

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

NE DIXIE HWY
7
INDIAN RIVER FL 34957

871 NE DIXIE HWY
STE 7
RIO-JENSEN FL 34957-6100

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

65-0795088

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

CHUSTZ, KENNETH
763 SW ALTON CIRCLE
PORT ST LUCIE FL 34953

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHUSTZ, KENNETH J	
STREET ADDRESS	763 SW ALTON CIRCLE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HEATH, RICHARD D JR	
STREET ADDRESS	191 SEALION DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHUSTZ, CATHRINE H	
STREET ADDRESS	763 SW ALTON CIR	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth J. Chustz Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

Date

Daytime Phone #

11/1/2000 561-225-6960

CR2E034 (9/99)