

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90047 025 ***150.00

DOCUMENT # P98000029005

1. Entity Name

INVESTMENTS UNLIMITED OF VERO BEACH, INC.

Principal Place of Business

**710 LAGOON ROAD
VERO BEACH FL 32963**

Mailing Address

**710 LAGOON ROAD
VERO BEACH FL 32963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0824323

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

**LEONARD, LAWRENCE Y
817 BEACHLAND BLVD.
VERO BEACH FL 32964-3406**

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, 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	<input checked="" type="checkbox"/> Delete
NAME	ADREN, CELETA H	
STREET ADDRESS	710 LAGOON ROAD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, EVE	
STREET ADDRESS	550 INDIAN HARBOR ROAD	
CITY-ST-ZIP	JOHNS ISLAND FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KAY W	
STREET ADDRESS	525 LIVE OAK ROAD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLISON, LYNNE	
STREET ADDRESS	P.O. BOX 8104	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, SANDY	
STREET ADDRESS	2111 VIA FUENTAS	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcia Clements	
STREET ADDRESS	5544 N. Harbor Village Dr. # 212	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Sanders	
STREET ADDRESS	1646 Indian Bay Dr	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSY Oyster	
STREET ADDRESS	190 Coquille Way	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURFEE, Florence	
STREET ADDRESS	100 Oyster Crt	
CITY-ST-ZIP	VERO BEACH FL 32963	
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:

Florence W. Durfee Treas.

Date

Daytime Phone #

CR2E034 (10/00)