

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A98000068337*

1. Entity Name

Indian River Club Realty, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 Carolina Circle SW

Suite, Apt. #, etc.

3. Mailing Address

800 Carolina Circle SW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0858779

Applied For

Not Applicable

Zip

32962

Country

USA

Zip

32962

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Christopher H. Acaine

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

979 Beachland Blvd

City

Vero Beach

FL

Zip Code

32963

**DO NOT WRITE
IN THIS SPACE**

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 constituting)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

D Reynolds, B. Jeffery
800 Carolina Cr. SW
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Christine Rockwell-Smith
800 Carolina Cr SW
Vero Beach FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Robert D. Swift
800 Carolina Cr. SW
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B Jeffery Reynolds

Date

(772) 770-0252

Daytime Phone

CR2E034B (12/01)