

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90201 010 ***150.00

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DOCUMENT # P98000087543

1. Entity Name
INDIAN RIVER KAI, INC.



Principal Place of Business
**1041 N INDIAN RIVER DR
COCOA FL 32922**

Mailing Address
**1041 N INDIAN RIVER DR
COCOA FL 32922**

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 **59-3536888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALGREN, CHARLES
1041 N INDIAN RIVER DR
COCOA FL 32922**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

CHARLES HALGREN
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ANDERSON, WILLIAM RYAN**
STREET ADDRESS **1041 N INDIAN RIVER DR**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ANDERSON, BARBARA DICKES**
STREET ADDRESS **1041 N INDIAN RIVER DR**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **P** ☒ Change ☐ Addition
NAME **Halgren, Barbara D.**
STREET ADDRESS **1041 N. Indian River Drive**
CITY-ST-ZIP **Cocoa, Fl. 32922**

TITLE **ST** ☐ Delete
NAME **KEELEY, GINA**
STREET ADDRESS **1041 N INDIAN RIVER DR**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Barbara D Halgren**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

Date

Daytime Phone #

CP2E034 (10/02)