

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036615

1. Entity Name

INDIAN RIVER FUNDRAISERS, INC.

Principal Place of Business

Mailing Address

4788 N. US 1
FT. PIERCE FL 34946

4788 N. US 1
FT. PIERCE FL 34946-6438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 2549

Suite, Apt. #, etc.

City & State

City & State
Fort Pierce, FL

4. FEI Number
65-0928699

Applied For
Not Applicable

Zip

Country

Zip
34954

Country
U.S.A.

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

BASS, R. DALE
8686 ANDREWS AVE.
FT. PIERCE FL 34934

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P
R. Dale Bass
8686 Andrews Ave
Fort Pierce, FL 34954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
S
Dianna Bass
8686 Andrews Ave
Fort Pierce, FL 34954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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

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:

Dianna Bass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianna Bass

1/31/00

(561) 461-6669

Date

Daytime Phone #

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90018 022 ***150.00

00024129



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)