

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064862

1. Entity Name

INDIAN RIVER SPORTS SECTION, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90006 021 ***150.00

Principal Place of Business

PO BOX 2432
VERO BEACH FL 32961-2432
US

Mailing Address

PO BOX 2432
VERO BEACH FL ~~32960~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32961

4. FEI Number

59-3589913

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

POE, JAMES

~~630 11TH ST~~

VERO BEACH FL ~~32960~~

Name

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

191 10TH AVE.

City

VERO BEACH

FL

Zip Code

32962

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
POE, JAMES
~~630 11TH ST~~
VERO BEACH FL ~~32960~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
191 10TH AVE
VERO BEACH FL 32962

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
POE, JUDITH
~~630 11TH ST~~
VERO BEACH FL ~~32960~~

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
191 10TH AVE
VERO BEACH FL 32962

☒ Change ☐ Addition

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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 the empowered.

SIGNATURE:

James M. Poe JAMES M. POE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

(561) 569-6993

Daytime Phone #

0487014

CR2E034 (10/00)