2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075175 1. Entity Name PROPERTIES OF INDIAN RIVER, INC.					Apr 27, 2001 8:00 an Secretary of State 04-11-2001 90023 002 ***150.00		
Principal Place of Business Mailing Address 304 EAST STRAWBRIDGE AVENUE 304 EAST STRAWBRIDGE AVENU MELBOURNE FL 32901 MELBOURNE FL 32901							
2. Principal I		3. Mailing Address Suite, Apt. #, etc.	BSIA WA	. <u>\</u>	DO NOT WRITE IN THIS S	E. 24.01 (12.1 (2.05) \$[])/ 1201	
City & Sta MEL Zip	BOULUL + 2 32933	Zip	Country	137	FEI Number 59-3594063 Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional]
	* 8. Name and Address of Current R		BREVAR	<u> </u>	Name and Address of New Registered A	Fee Required	┨ .
KISH, LEONNA R 304 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901					G., DEBORAH G.] = - - -
		(City	DOP	N HARBOUR FL	32937]
8. The above	a named entity solemits this statement for	Lish	egistered office or	u/9	Black 4/5	12001	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Make Check Payable			· · · · · · · · · · · · · · · · · · ·	50.00 of State	10. Election Campaign Financing Trust Fund Contribution.		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CFFICERS AND DO KISH, LEONNA R 304 EAST STRAWBRIDGE AVENUI MELBOURNE FL 32901	Delate	TITLE PACES NAME DICES STREET ADDRESS CITY-ST-ZIP	PLA	DITIONS/CHANGES TO OFFICERS AND AG, DGBORAH G MARTESIA WAY IAN HARBOURFL	Change Addition	CR2E034 (10/00)
TITLE MAME STREET ADDRESS CITY-ST-ZIP	D QUINTEIRO, MANUEL 304 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP	CASSIDY, DONALD R 304 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change -☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
oi ma coit	sertify that the information supplied with the on this report or supplemental report is triporation or the receiver of trustee empower or on an attachment with an address, with	ered to execute this report as	e exemption state signature shall have required by Chap	d in Section 1 ve the same li ter 607, Florid	19.07(3)(i). Florida Statutes. I further certifuggal effect as if made under cath; that I am as Statutes; and that my name appears in I	y that the Information of an officer or director Block 11 or Block 12 if	
SIGNAT	URE: _ Loka	el 4 /	laga.		4/5/2001	671	