

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90069 030 ***150.00

DOCUMENT # S20937

1. Entity Name
INDIAN RIVER FLYING CLUB, INC.



Principal Place of Business
P.O. BOX 100053
PALM BAY FL 32910-0053
US

Mailing Address
P.O. BOX 100053
PALM BAY FL 32910-0053
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0242129**

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

WHALEN, BOB X
318 W GEORGETOWN
MELBOURNE FL 32901

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, typed or printed name of registered agent and title if applicable.

(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
NAME **BEARD, DANIEL** ☐ Delete
STREET ADDRESS **371 CRESTVIEW ST NE**
CITY-ST-ZIP **PALM BAY FL 32907**

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

P
TITLE
NAME **WHALEN, BOB** ☐ Delete
STREET ADDRESS **318 WEEST GEORGETOWN AVE**
CITY-ST-ZIP **MELBOURNE FL 32901**

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

V
TITLE
NAME **SCHWECHER, CHRIS J** ☒ Delete
STREET ADDRESS **773 SPRING OAK DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32901**

V
TITLE
NAME **Pedersen, Anders** ☐ Change ☒ Addition
STREET ADDRESS **1398 Meadowbrook Rd.**
CITY-ST-ZIP **Palm Bay, FL 32905**

S
TITLE
NAME **MAY, JEFFREY** ☐ Delete
STREET ADDRESS **1698 GUAVA AVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

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

☐ Delete
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
TITLE
NAME
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:

JEFFREY MAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-254-2558

CR2E034 (10/02)