

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90466 034 \*\*\*150.00

**DOCUMENT # S34453**

1. Entity Name  
**BELL PROPERTY MANAGEMENT OF INDIAN RIVER, INC.**

Principal Place of Business

**4832 NEWPORT ISLAND DR  
VERO BEACH FL 32963  
US**

Mailing Address

**POST OFFICE BOX 4198  
VERO BEACH FL 32964  
US**

2. Principal Place of Business

**1521 Smugglers Cove**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Vero Beach, FL**

City & State

Zip

**32963**

Country

Zip

Country

4. FEI Number **65-0246180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GARAVAGLIA, MICHAEL J  
756 BEACHLAND BLVD  
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **PACKARD, WILLARD**  
CITY-ST-ZIP **4832 S NEWPORT ISLAND DR  
VERO BCH FL 32967**

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **MILLMAN, DARYL**  
CITY-ST-ZIP **4832 S NEWPORT ISLAND DR  
VERO BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **PACKARD**  
STREET ADDRESS **1521 Smugglers Cove**  
CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE ☒ Change ☐ Addition  
NAME **MILLMAN**  
STREET ADDRESS **1521 Smugglers Cove**  
CITY-ST-ZIP **Vero Beach, FL 32963**

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

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

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

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOES**

**WILLARD**

**PACKARD PRES.**

Daytime Phone

CR2E034 (10/00)