

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90058 027 \*\*\*150.00

**DOCUMENT # P96000063605**

1. Entity Name  
**INDIANTOWN COMPANY, INC.**

Principal Place of Business      Mailing Address  
**O BOX 277**      **P O BOX 277**  
**FL 34956**      **INDIANTOWN FL 34956-0277**

003185



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0727275**      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  
**NORMAN, KENNETH A**      Name **ROBERT M. POST, JR.**  
**800 SE MONTEREY COMMONS BLVD**      Street Address (P.O. Box Number is Not Acceptable) **16001 S.W. MARKET STREET**  
**SUITE 200**      City **INDIANTOWN**      **FL**      Zip Code **34956**  
**STUART FL 34996**

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 *Robert M. Post, Jr.*      **Robert M. Post, Jr., President**      **04/24/00**  
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.       **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After MAY 1, 2000 Fee will be \$550.00**  
 10. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POST, ROBERT M J</b>		NAME		
STREET ADDRESS	<b>16001 SW MARKET ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIANTOWN FL</b>		CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESLIE, JEFFREY S</b>		NAME		
STREET ADDRESS	<b>15925 SW WARFIELD BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIANTOWN FL</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<b>ASS'T S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENTRY, ELIZABETH A</b>		NAME		
STREET ADDRESS	<b>15851 SW FARMS RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIANTOWN FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POST, LINDA M</b>		NAME		
STREET ADDRESS	<b>16001 SW MARKET ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIANTOWN FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey S. Leslie*      **SIGNATURE REQUIRED**      **Jeffrey S. Leslie**      **04/24/00**      **(561) 597-2104**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/99)