

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90309 045 \*\*\*\*61.25

**DOCUMENT # 707211**

1. Entity Name

**CANAVERAL MINERAL AND GEM SOCIETY INC**



Principal Place of Business

**FRONT STREET CIVIC CENTER  
CITY OF MELBOURNE 900 E STRAWBRIDGE AVE  
MELBOURNE FL 32901  
US**

Mailing Address

**MINERAL & GEM SOCIETY  
P O BOX 1597  
MELBOURNE FL 32901  
US**

40008854



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2289133**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LANE, BRUCE  
720 CENTRAL BLVD.  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name Karin S. Almasi

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

14 Vida Way

Melbourne

City

**FL**

Zip Code

32901

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

Karin S. Almasi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/2003

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **HARR, BILL**  
STREET ADDRESS **180 S. ROBERT WAY**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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

TITLE **VD** ☒ Delete  
NAME **BRITTON, RON**  
STREET ADDRESS **1200 LARCH CIRCLE NE, #103**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Dave Hoover**  
STREET ADDRESS **1139 Ivanhoe St. NW**  
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **T** ☒ Delete  
NAME **LANE, BRUCE**  
STREET ADDRESS **720 WEST CENTRAL BLVD**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **T** ☐ Change ☒ Addition  
NAME **Karin Almasi**  
STREET ADDRESS **14 Vida way**  
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Delete  
NAME **LANE, ANITA**  
STREET ADDRESS **720 CENTRAL BLVD.**  
CITY-ST-ZIP **MELBOURNE FL 32901**

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

TITLE **S** ☒ Delete  
NAME **DENABERG, C R**  
STREET ADDRESS **140 WINDWARD WAY**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL**

TITLE **S** ☐ Change ☒ Addition  
NAME **Barbara Deere**  
STREET ADDRESS **7041 Rodas Place**  
CITY-ST-ZIP **West Melbourne, FL 32904**

TITLE **D** ☒ Delete  
NAME **MATLOCK, TINA**  
STREET ADDRESS **6600 SOUTH DRIVE**  
CITY-ST-ZIP **MELBOURNE VILLAGE FL 32904**

TITLE **D** ☐ Change ☒ Addition  
NAME **Roy Deere**  
STREET ADDRESS **7041 Rodas Place**  
CITY-ST-ZIP **West Melbourne, FL 32904**

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 617, 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:

SIGNATURE REQUIRED

1/13/2003

(321)

674-7399

CR2E037 (10/02)