

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90023 039 \*\*\*\*61.25

0013878

**DOCUMENT # 718094**

1. Entity Name

**SPANISH TRACE VILLAGE, INC.**

Principal Place of Business

Mailing Address

1727 MINUTEMEN CAUSEWAY  
 COCOA BEACH FL 32931

1727 MINUTEMEN CAUSEWAY  
 COCOA BEACH FL 32931

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

**59-1446311**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPACE COAST PROPERTY MGMT  
 C/O KEVIN MARRS  
 1617 COOLING AVENUE  
 MELBOURNE FL 32935**

Name Marilyn A. Rigerman  
 Street Address (P.O. Box Number is Not Acceptable) 200 North First Street  
 City Cocoa Beach FL Zip Code 32931

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 Marilyn A. Rigerman Marilyn A. Rigerman 4-1-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARNOULT, PATRICK	
STREET ADDRESS	1727 MINUTEMEN CSWY #206	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DEUTSCH, FRANK	
STREET ADDRESS	1727 MINUTEMEN CSWY #207	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORICHELLI, IRMA	
STREET ADDRESS	1725 MINUTEMAN CSWY #104	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHNOOR, JANE	
STREET ADDRESS	1725 MINUTEMEN CSWY #20	
CITY-ST-ZIP	COCOA BEACH FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, BILL	
STREET ADDRESS	55 N GOODMAN ROAD	
CITY-ST-ZIP	KISSIMEE FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: IRMA M. MORICHELLI IRMA M. MORICHELLI 4/1/02 327-784-6912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)