

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90133 022 ****61.25

DOCUMENT # N01000000289

1. Entity Name

CORPORATE PARK AT VIERA OWNERS ASSOCIATION, INC.

Principal Place of Business

**304 S. HARBOR CITY BLVD.
SUITE 201
MELBOURNE FL 32901**

Mailing Address

**304 S. HARBOR CITY BLVD.
SUITE 201
MELBOURNE FL 32901**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7331 OFFICE PARK PLACE

SUITE 200

VIERA, FL

32940

USA

4. FEI Number

59-3747507

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

**DETTMER, DALE A
304 S. HARBOR CITY BLVD.
SUITE 201
MELBOURNE FL 32901**

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

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

TITLE **PD** ☐ Delete
NAME **RENfro, ROBERT M**
STREET ADDRESS **624 DORAL LANE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **STD** ☐ Delete
NAME **HAMILTON, NELSON R**
STREET ADDRESS **880 INVERNESS AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☐ Delete
NAME **FULER, ERNEST C**
STREET ADDRESS **800 JUBILEE STREET**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/02 321-242-4884

CR2E037 (9/01)