

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06661

1. Entity Name

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90002 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8225 N WICKHAM ROAD  
MELBLURNE FL 32940

8225 N WICKHAM ROAD  
MELBLURNE FL 32940-7924  
US

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

59-2496749

Applied For

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

BEADLE, JAMES P.  
5205 BABCOCK ST. NE  
PALM BAY FL 32905

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | DP                            | <input type="checkbox"/> Delete            |
| NAME           | WEBER, SUSAN G                |  |
| STREET ADDRESS | 405 GREENVIEW ROAD            |  |
| CITY-ST-ZIP    | MERRITT ISLAND FL             |  |
| TITLE          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | VAUGHN, ELISE G               |  |
| STREET ADDRESS | 901 E. MELBOURNE AVE.         |  |
| CITY-ST-ZIP    | MELBOURNE FL                  |  |
| TITLE          | DVP                           | <input type="checkbox"/> Delete            |
| NAME           | WHITE, JEFF                   |  |
| STREET ADDRESS | 377 CORAL DR                  |  |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920       |  |
| TITLE          | DVP                           | <input type="checkbox"/> Delete            |
| NAME           | ABRAMSON, RICK                |  |
| STREET ADDRESS | MAIL CODE DNPS                |  |
| CITY-ST-ZIP    | KENNEDY SPACE CENTER FL 32899 |  |
| TITLE          | T                             | <input checked="" type="checkbox"/> Delete |
| NAME           | WHITTAKER, KENNETH            |  |
| STREET ADDRESS | 1692 W HIBISCUS BLVD          |  |
| CITY-ST-ZIP    | MELBOURNE FL 32901            |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Weber, Susan G.          |  |
| STREET ADDRESS | 405 Greenview Road       |  |
| CITY-ST-ZIP    | Merritt Island, FL       |  |
| TITLE          | VP                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Cunningham, Peter        |  |
| STREET ADDRESS | 838 Nassau Road          |  |
| CITY-ST-ZIP    | Cocoa Beach, FL          |  |
| TITLE          | P                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | White, Jeff              |  |
| STREET ADDRESS | 377 Coral Drive          |  |
| CITY-ST-ZIP    | Cape Canaveral FL        |  |
| TITLE          | VP                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rochester, Peter         |  |
| STREET ADDRESS | 1095 Old Parsonage Drive |  |
| CITY-ST-ZIP    | Merritt Island, FL       |  |
| TITLE          | VP                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Swann, Elizabeth Jon     |  |
| STREET ADDRESS | 1525 S. Tropical Trail   |  |
| CITY-ST-ZIP    | Merritt Island, FL       |  |
| TITLE          | T                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Colker, Michael          |  |
| STREET ADDRESS | 1461 Victoria Blvd.      |  |
| CITY-ST-ZIP    | Rockledge, FL            |  |

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 WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Days

321-254-9453

Daytime Phone #

CR2E037 (9/99)