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FILED
Jun 26, 2001 8:00 am
Secretary of State

05-17-2001 91073 010 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06661

1. Entity Name

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.

Principal Place of Business

8225 N WICKHAM ROAD
MELBLURNE FL 32940

Mailing Address

8225 N WICKHAM ROAD
MELBLURNE FL 32940
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

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	P	<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	VP D	<input type="checkbox"/> Delete
NAME	SWANN, ELIZABETH J	
STREET ADDRESS	1525 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COLKER, MICHAEL	
STREET ADDRESS	1461 VICTORIA BLVD	
CITY-ST-ZIP	ROCKLEDGE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Immediate Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Jeff D	
STREET ADDRESS	377 Coral Drive	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	President / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abramson, Rick	
STREET ADDRESS	Mail Code DNPS	
CITY-ST-ZIP	Kennedy Space Center, FL 32899	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rochester, Peter	
STREET ADDRESS	1095 Old Parsonage Drive	
CITY-ST-ZIP	Merritt Island, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE (JEFF WHITE)

Date

Daytime Phone #

4/28/01 321-254-9453

CR2E037 (10/00)