

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

01-26-2001 90109 027 ****61.25

DOCUMENT # **N21842**

1. Entity Name

SOUTH BREVARD MOTHERS OF MULTIPLES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 3251
 MELBOURNE FL 32902
 US

P. O. BOX 3251
 MELBOURNE FL 32902
 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.

59-2845426

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

GUADALUPE, KELLY
2679 HOPI DR
MELBOURNE FL 32935

Name **Cammie Marshall**

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

1753 Greytwig PL

City **Valkaria,**

FL

Zip Code **32950**

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 *C. D. Marshall* President *Cammie D. Marshall* 1/12/01
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUADALUPE, KELLY	NAME	Cammie Marshall D
STREET ADDRESS	2679 HOPI DR	STREET ADDRESS	1753 Greytwig PL
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP	Valkaria, FL 32950
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD RAUSCHEN, RENATA	NAME	1st VP Kelly Guadalupe T
STREET ADDRESS	184 TAMPA AVE	STREET ADDRESS	2679 HOPI DR
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	Melbourne, FL 32935
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD MARSHALL, CAMMIE	NAME	3rd VP Angela Thompson T
STREET ADDRESS	1753 GREYTWIG PL	STREET ADDRESS	315 Curry St NE
CITY-ST-ZIP	VALKARIA FL 32950	CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD COVERSTONE, DENISE	NAME	Secretary Sherry Adams-Dugan T
STREET ADDRESS	325 INDIAN MOUND	STREET ADDRESS	814 Potomac Dr.
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD ADAMS, SHERRY	NAME	Treasurer Michele Richards T
STREET ADDRESS	814 ROTOMAC DR	STREET ADDRESS	1681 Norwood St., N.E.
CITY-ST-ZIP	W. MELBORNE FL	CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *MICHELE RICHARDS* Michele Richards 1/11/01 321-726-6326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/00)