

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32859

1. Entity Name

SPACE COAST CHAPTER OF NSPI, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90039 028 ****61.25

Principal Place of Business

Mailing Address

558 S OSPREY AVE
SARASOTA FL 34236
US

558 S OSPREY AVE
SARASOTA FL 34236-7525
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

65-0124750

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

BEDNERIK, JON C
558 S OSPREY AVE
SARASOTA FL 34236

Name

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

WILLIAM G. MAURER
255 PARADISE BLVD. UNIT 42
INDIALANTIC, FL 32903

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

William G. Maurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-00

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 ☒ Delete
NAME RUNDPELOT, PHILLIP
STREET ADDRESS 6055 N. WICKHAM ROAD SUITE 110
CITY-ST-ZIP MELBOURNE FL 32940

TITLE P.D. ☒ Change ☐ Addition
NAME DOMINICK MONTANARO
STREET ADDRESS 195 DESOTO PARKWAY
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE VPD ☒ Delete
NAME NICOL, MICHELLE
STREET ADDRESS 395 PINEDA CT
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VPD ☒ Change ☐ Addition
NAME DAWN JOHNSON
STREET ADDRESS 5130 COMMERCIAL DRIVE SUITE E
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE S ☒ Delete
NAME MAURER, WILLIAM
STREET ADDRESS 255 PARADISE BLVD #42
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE SP ☒ Change ☐ Addition
NAME TERRI UNDERWOOD
STREET ADDRESS 1132 SOUTH PATRICK DRIVE
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE TD ☐ Delete
NAME JOHNSON, BOBBY
STREET ADDRESS 5130 COMMERCIAL DR #C
CITY-ST-ZIP MELBOURNE FL 32940

TITLE TD ☐ Change ☐ Addition
NAME BOBBY JOHNSON
STREET ADDRESS 5130 COMMERCIAL DRIVE SUITE C
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William G. Maurer **WILLIAM G. MAURER** *2-11-00* (321) 719-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)