## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am Secretary of State **DOCUMENT # N32859** 1. Entity Name 05-16-2001 90240 029 \*\*\*\*61.25 SPACE COAST CHAPTER OF NSPI, INC. Principal Place of Business Mailing Address 558 S OSPREY AVE 558 S OSPREY AVE C0065722 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0124750 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAURER, WILLIAM G 255 PARADISE BLVD **UNIT 42** INDIALANTIC FL 32903 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ■ Addition TITLE Delete TITLE Montanaro, Dominick KONTANARO, DOMINICK NAME NAME STREET ADDRESS 195 DESOTO PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 Change ☐ Addition VPD TITLE ☐ Delete TITI F 5130 commercial Dr Ste G JOHNSON, DAWN NAME NAME STREET ADDRESS 5130 COMMERCIAL DR STE C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** Change ☐ Addition ☐ Delete TITLE TITLE UNDERWOOD, TERRI NAME NAME STREET ADDRESS STREET ADDRESS 1132 S. PATRICK DR CITY-ST-7IP CITY-ST-ZIP SATELLITE BEACH FL 32937 Change ☐ Addition ☐ Delete TITLE 5130 commercial Dr. ste G JOHNSON, BOBBY NAME NAME STREET ADDRESS STREET ADDRESS 5130 COMMERCIAL DR #C CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 attachmen with an address, with all other like empowered.

SIGNATURE: 4

CHARLELLIN COLUMN COLUM

4-01-01 94,7646774

Afforchments

D Underwood, Albert 1132 Patrick Drive Satellite Beach, FL 32937

D Tuten, Keith 128 Sixth Avenue Indialantic, FL 32903 DO # 1320 150 A