

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35111

1. Entity Name

SPACE COAST SKI CLUB, INC.

Principal Place of Business

PO BOX 034107
INDIALANTIC FL 32903
US

Mailing Address

PO BOX 034107
INDIALANTIC FL 32903
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

59-2975240

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

NICHOLAS, JAMES M
525 ISLAND COURT
MELBOURNE FL 32937

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 NAME STREET ADDRESS CITY-ST-ZIP	S SCHMID, RICK 623 CEDARSIDE WAY MELBOURNE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, LLOYD 675 AZALEA AVE MERRITT-ISLAND FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAUBUS, CAL 1406 CYPRESS TRACE DR MELBOURNE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWS, DENNIS 7284 CHAPARAL DRIVE MELBOURNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARELA, MANUEL 197 MICANOPY CT INDIAN HARBOR BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, PATRICIA 675 AZALEA AVE MERRITT IS FL 32952	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carla Constantino 3083 Rio Pino N. Indialantic, FL 32903	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Claire N. Quenzler 104 Riverside Dr. #401 Cocoa FL 32922	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Judy Bardell 1145 N. Shannon Ave Indialantic, FL 32903 #14	☐ Change ☒ Addition

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:

Judy Bardell, Treasurer

2/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE