

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90871 025 ****61.25

DOCUMENT # N93000001200

1. Entity Name

DOWNTOWN MELBOURNE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 754
 MELBOURNE FL 32902-0754**

**P.O. BOX 754
 MELBOURNE FL 32902-0754**

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

59-3196047

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

**KOSTRO, VICTOR S
 1825 RIVERVIEW DRIVE
 MELBOURNE FL 32901**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **MELHADO, MICHAEL C**
 CITY-ST-ZIP **13RA THIRD AVENUE
 INDIALANTIC FL 32903**

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

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **BALCEK, STACY**
 CITY-ST-ZIP **1833 PALM BAY
 MELBOURNE FL 32901**

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

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **CECILIONE, CHRISTOPHER**
 CITY-ST-ZIP **8426 MIZELL DRIVE
 VIERA FL 32940**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **KIMBERLINA MURRAY**
 CITY-ST-ZIP **2007 HALLWOOD PLACE
 MELBOURNE, FL 32901**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **SMITH, GERALDINE**
 CITY-ST-ZIP **400 RIO CASA DRIVE SOUTH
 INDIALANTIC FL 32903**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LILLYCROP, SIDNEY**
 CITY-ST-ZIP **700 ATLANTIS ROAD # 206
 MELBOURNE FL 32901**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FASANELLA, GERALD J**
 CITY-ST-ZIP **928 E NEW HAVEN AVENUE
 MELBOURNE FL 32901**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERALDINE Smith 4/9/02 321-124-1741

CR2E037 (9/01)