05-03-2001 91163 043 \*\*\*\*61.25

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004721 1. Entity Name

PARTNERSHIP FOR	Λ	CHICTAINABLE ELE	TURE INC.
PARINFRAMIT FUR	и	OUOTAINADEE EU:	IUNE, INC.

Principal i	Place of	8usiness
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Mailing Address

6414 SOUTH DRIVE

MELBOURNE VILLAGE FL 32904

6414 SOUTH DRIVE MELBOURNE VILLAGE FL 32904

Principal Place of	f Business	3. Mailing Address	S	İ
Suite, Apt. #, etc	• .	Suite, Apt. #, e	tc.	$\neg$
City & State		City & State		4.
Zip	Country	Zip	Country	5.

DO NOT WRITE IN THIS SPACE

\$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

59-3433237

DO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

6. Name and Address of Current Registered Agent

Name

City

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

FEI Number

GRIFFITH, PRISCILLA 6414 SOUTH DRIVE **MELBOURNE VILLAGE FL 32904** 

Zip Code

Applied For

Not Applicable

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both.</li> </ol>	in the state of Florida.
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SIGNATURE

10.

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

11.

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

Jim Egan - Ro-President Change Addition TITLE Delete TITLE NAME NAME TODD, MARY MRC, 270 Paint St. Rockledge, FL 32955 STREET ADDRESS STREET ADDRESS 135 BELAIRE DR CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Change **▼** Addition TITLE Delete TITLE Ed Slaney Scotia Ln. NAME NAME PARKER, JULIAN STREET ADDRESS STREET ADDRESS 550 N PINE RD CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE VILLAGE FL 32904** Change ☐ Addition TITLE Delete TITLE NAME NAME ZARILLO, KIM STREET ADDRESS STREET ADDRESS **760 CAJEPUT CIR** CITY-ST-ZIP CITY-ST-ZIP MELBOURNE VILLAGE FL 32904 ☐ Change Addition TITLE TITLE ☐ Delete GRIFFITH, PRISCILLA NAME STREET ADDRESS STREET ADDRESS 6814 S DR CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE VILLAGE FL 32904** ☐ Change Addition ☐ Delete TIT) F HAYES. G NAME NAME STREET ADDRESS STREET ADDRESS 463 SPOONBILL LN CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32951** Change ☐ Addition Delete TITLE TITLE BROUSSARD, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 502 E. NEW HAVEN AVE CITY-ST-ZIP CITY-ST-7IP MELBOURNE FL 32901

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: