

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005221

1. Entity Name

SATELLITE BEACH COMMUNITY SERVICES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90110 009 ****61.25

Principal Place of Business	Mailing Address
1087 S. PATRICK DR. SATELLITE BEACH FL 32937 US	1087 S. PATRICK DR. SATELLITE BEACH FL 32937-3901 US



DO NOT WRITE IN THIS SPACE

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	Applied For
59-3352842	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTHCUTT, WILLIAM R
2194 HIGHWAY A1A STE 306
INDIAN HARBOR BEACH FL 32937

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARK LOWE	
STREET ADDRESS	510 CINNAMON DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM E. MAYER	
STREET ADDRESS	377 KINGSTON ROAD	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHN FERGUS	
STREET ADDRESS	135 MAPLE DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STOVE, ROBERT	
STREET ADDRESS	530 CINNAMON DR.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAUL A. GREATHUA	
STREET ADDRESS	510 CINNAMON DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MAYER, WM. E	
STREET ADDRESS	377 KINGSTON ROAD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 E. MAYER DATE: 4/18/00 DAYTIME PHONE #: (321) 772-1285

FORM 1001B

CR2E037 (9/99)