# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 20, 2000 8:00 am**
**Secretary of State**
03-20-2000 90011 050 ****61.25

DOCUMENT # N21842

1. Entity Name

SOUTH BREVARD MOTHERS OF MULTIPLES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 3251<br>MELBOURNE FL 32902<br>US | P. O. BOX 3251<br>MELBOURNE FL 32902-3251<br>US |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2845426 — 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 |
|---|---|
| HAMMOND, DENISE B<br>1265 GIRALDA CIR NW<br>PALM BAY FL 32907 | Name: Kelly Guadalupe<br>Street Address (P.O. Box Number is Not Acceptable): 2679 Hopi Dr.<br>City: Melbourne FL Zip Code: 32935 |

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: Kelly D Guadalupe — Kelly D. Guadalupe - President — 3/14/2000
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: TD<br>NAME: RICHARDS, MICHELE<br>STREET ADDRESS: 1681 NORWOOD ST<br>CITY-ST-ZIP: PALM BAY FL | ☐ Delete | TITLE: PD<br>NAME: Kelly Guadalupe<br>STREET ADDRESS: 2679 Hopi Dr<br>CITY-ST-ZIP: Melbourne FL 32935 | ☒ Change ☒ Addition |
| TITLE: S D<br>NAME: CUTSHALL, LAURIE<br>STREET ADDRESS: 1244 DANA CT NE<br>CITY-ST-ZIP: PALM BAY CT | ☒ Delete | TITLE: SD<br>NAME: Renata Rauschen<br>STREET ADDRESS: 164 Tampa ave<br>CITY-ST-ZIP: Indralantic, FL 32903 | ☐ Change ☒ Addition |
| TITLE: DV<br>NAME: GUADALUPE, KELLY<br>STREET ADDRESS: 2679 HOPI DR<br>CITY-ST-ZIP: MELBORNE FL | ☒ Delete | TITLE: VD<br>NAME: Cammie Marshall<br>STREET ADDRESS: 1753 Greytwig Pl.<br>CITY-ST-ZIP: Valkaria, FL 32950 | ☐ Change ☒ Addition |
| TITLE: V D<br>NAME: WILSON, YONTINA<br>STREET ADDRESS: 265 APPALOOSA<br>CITY-ST-ZIP: PALM BAY FL | ☒ Delete | TITLE: VD<br>NAME: Denise Coverstone<br>STREET ADDRESS: 325 Inian Mound<br>CITY-ST-ZIP: Melbourne Beach, FL 32951 | ☐ Change ☒ Addition |
| TITLE: V D<br>NAME: ADAMS, SHERRY<br>STREET ADDRESS: 814 ROTOMAC DR<br>CITY-ST-ZIP: W. MELBORNE FL | ☐ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE: P D<br>NAME: HAMMOND, DENISE B<br>STREET ADDRESS: 1265 GIALDEN CIR NW<br>CITY-ST-ZIP: PALM BAY FL | ☒ Delete | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Michele A. Richards — 12 Jan 2000 — (321) 726-6306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #