

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90002 016 ****61.25

DOCUMENT # N06661

1. Entity Name
EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.

Principal Place of Business 8225 N WICKHAM ROD MELBLURNE FL 32940	Mailing Address 8225 N WICKHAM ROAD MELBLURNE FL 32940-7924 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2496749

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BEADLE, JAMES P.
5205 BABCOCK ST. NE
PALM BAY FL 32905**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WEBER, SUSAN G	
STREET ADDRESS	405 GREENVIEW ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAUGHN, ELISE G	
STREET ADDRESS	901 E. MELBOURNE AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WHITE, JEFF	
STREET ADDRESS	377 CORAL DR	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ABRAMSON, RICK	
STREET ADDRESS	MAIL CODE DNPS	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32899	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITTAKER, KENNETH	
STREET ADDRESS	1692 W HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weber, Susan G.	
STREET ADDRESS	405 Greenview Road	
CITY-ST-ZIP	Merritt Island, FL	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cunningham, Peter	
STREET ADDRESS	838 Nassau Road	
CITY-ST-ZIP	Cocoa Beach, FL	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Jeff	
STREET ADDRESS	377 Coral Drive	
CITY-ST-ZIP	Cape Canaveral FL	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rochester, Peter	
STREET ADDRESS	1095 Old Parsonage Drive	
CITY-ST-ZIP	Merritt Island, FL	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swann, Elizabeth Jon	
STREET ADDRESS	1525 S. Tropical Trail	
CITY-ST-ZIP	Merritt Island, FL	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colker, Michael	
STREET ADDRESS	1461 Victoria Blvd.	
CITY-ST-ZIP	Rockledge, FL	

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: **SIG. REQUIRED WHITE** **4/18/00** **321-254-9453**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #

CR2E037 (9/99)