2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2002 8:00 am Secretary of State DOCUMENT # N9500004721 PARTNERSHIP FOR A SUSTAINABLE FUTURE, INC. 02-07-2002 90034 026 ****61.25 Principal Place of Business Mailing Address 6414 SOUTH DRIVE 6414 SOUTH DRIVE MELBOURNE VILLAGE FL 32904 MELBOURNE VILLAGE FL 32904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3433237 Not Applicable \$8.75 Additional Country _ Zip . _Country Уiр 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRIFFITH, PRISCILLA 6414 SOUTH DRIVE **MELBOURNE VILLAGE FL 32904** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE TITLE ☐ Delete TODD, MARY NAME NAME 135 BELAIRE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP Addition [7] Change ☐ Delete TITLE TITLE SLANEY, ED NAME MAME 2981 NOVA SCOTIA LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZARILLO, KIM NAME NAME **760 CAJEPUT CIR** STREET ADDRESS STREET ADDRESS **MELBOURNE VILLAGE FL 32904** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRIFFITH, PRISCILLA NAME NAME 6814 S DR STREET ADDRESS STREET ADDRESS MELBOURNE VILLAGE FL 32904 CITY-ST-ZIP CITY-ST-7IP [] Change Addition Delete TITLE TITLE HAYES, G NAME NAME 463 SPOONBILL LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32951 ☐ Change Addition TITLE ☐ Delete TITLE **BROUSSARD, WILLIAM** NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

502 E. NEW HAVEN AVE

MELBOURNE FL 32901

STREET ADDRESS

Slaney 1-16-01 SIGNATURÉ: