

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90004 033 \*\*\*\*61.25

001442

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



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2496749</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>VAUGHN, ELISE G</b> <b>901 E. MELBOURNE AVE.</b> <b>MELBOURNE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, JEFF</b> <b>377 CORAL DR</b> <b>CAPE CANAVERAL FL 32920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ABRAMSON, RICK</b> <b>MAIL CODE DNPS</b> <b>KENNEDY SPACE CENTER FL 32899</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SWANN, ELIZABETH J</b> <b>1525 S TROPICAL TRAIL</b> <b>MERRITT ISLAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROCHESTER, PETER</b> <b>1095 OLD PARSONAGE DRIVE</b> <b>MERRITT ISLAND FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Director</b> <b>Margo McKnight</b> <b>4250 Skyway Drive</b> <b>Cocoa, FL 32927</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:** \_\_\_\_\_ **REQUIREM** **Margo McKnight** **3/29/02** **321-254-9453**

CR2E037 (9/01)