

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

08-15-2002 90049 028 \*\*\*\*61.25

**DOCUMENT # 712804**

1. Entity Name

**VERO BEACH MUTUAL CONCERT ASSOCIATION, INC.** ✓

Principal Place of Business

Mailing Address

P.O. BOX 4024  
 VERO BEACH FL 32964-4024

P.O. BOX 4024  
 VERO BEACH FL 32964-4024

2. Principal Place of Business

P.O. Box 644396

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 644396

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 VERO BEACH FL

City & State  
 VERO BEACH FL

4. FEI Number  
 59-6190050

Applied For  
 Not Applicable

Zip  
 32963-4396 Country  
 INDIAN RIVER

Zip  
 32963-4396 Country  
 USA

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

WITTEN, CORA  
 1995 WINDWARD WAY  
 VERO BEACH FL 32963

Name  
 CHARLES D. MORRISON

Street Address (P.O. Box Number is Not Acceptable)  
 9339 N. US #1

P.O. Box 700096

City  
 WABASSO FL Zip Code  
 32970-0096

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/11/02

After September 13, 2002,  
 min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, BRENDA 411 PEPPERTREE DR NORTH VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITTEN, CORA 1995 WINDWARD WAY VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANK, PHILIP 6300 8TH STREET VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFFENS, GAEL 915 TROPIC DR VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRISON, CHAD 9339 NORTH US 1 WABASSO FL 32970	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

~~SIGNATURE REQUIRED~~

8/8/02

772-589-4994

CR2E037 (4/02)