

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90042 020 ****61.25

DOCUMENT # 715187

1. Entity Name

SPACE COAST ASSOCIATION OF REALTORS, INC.

Principal Place of Business

**105 MCLEOD STREET
MERRITT ISLAND FL 32953-3465**

Mailing Address

**105 MCLEOD STREET
MERRITT ISLAND FL 32953-3465**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1250368

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

**SPIELVOGEL, LEONARD
101 S COURTNEY PKWY
MERRITT ISLAND FL 32952**

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

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	✓	<input type="checkbox"/> Delete
NAME	MORRIS, CHUCK	
STREET ADDRESS	3436 S HOPKINS AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32953	

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAIGNAULT, JOHN	
STREET ADDRESS	315 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Durgin	
STREET ADDRESS	1775 N. Atlantic Ave.	
CITY-ST-ZIP	Cocoa Beach, FL 32931	

TITLE	VP	<input type="checkbox"/> Delete
NAME	BARBER, DAN	
STREET ADDRESS	275 BONITA DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

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

TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	DISSTON, DONALD	
STREET ADDRESS	1365 N COURTNEY C	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Wojewoda	
STREET ADDRESS	1733 N. Atlantic Ave	
CITY-ST-ZIP	Cocoa Beach, FL 32931	

TITLE	P	<input type="checkbox"/> Delete
NAME	LAKIN, W RON	
STREET ADDRESS	1024 GARDEN ST	
CITY-ST-ZIP	TITUSVILLE FL 32796	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SELIG, LEAH M.	
STREET ADDRESS	105 MCLEOD CT	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

321-452-9490

Date

Daytime Phone #

CR2E037 (10/00)