

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715187

1. Entity Name

SPACE COAST ASSOCIATION OF REALTORS, INC.

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90012 003 ****61.25

0014734

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD
101 S COURTNEY PKWY
MERRITT ISLAND FL 32952

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

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, CHUCK	
STREET ADDRESS	3436 S HOPKINS AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURGIN, LISA	
STREET ADDRESS	1775 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARBER, DAN	
STREET ADDRESS	275 BONITA DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	WOJEWODA, PATRICIA	
STREET ADDRESS	1733 N ATLANTIC	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAKIN, W RON	
STREET ADDRESS	1024 GARDEN ST	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELIG, LEAH M.	
STREET ADDRESS	105 MCLEOD CT	
CITY-ST-ZIP	MERRITT ISLAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JoAnn P. Davis	
STREET ADDRESS	1980 N. Atlantic Ave #301	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secy.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Bobinski	
STREET ADDRESS	1365 N. Courtenay Pkwy	
CITY-ST-ZIP	Merritt Island, FL 32953	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

321-452-9490

CR2E037 (9/01)