

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90046 036 \*\*\*\*61.25

**DOCUMENT # 717926**

1. Entity Name

**COCOA-ROCKLEDGE GARDEN CLUB, INC.**

Principal Place of Business

Mailing Address

1493 S FISKE BLVD.  
 PO BOX 560111  
 ROCKLEDGE FL 32956-7111

1493 S FISKE BLVD.  
 PO BOX 560111  
 ROCKLEDGE FL 32956-0111

C0034465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1056201**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KIDD, WILLIAM R.**  
**925-A S. FLORIDA AVENUE**  
**ROCKLEDGE FL 32955**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEÉ 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	PD	<input type="checkbox"/> Delete
NAME	FRALEY, WILLIAM D MRS	
STREET ADDRESS	1312 SEQUOIA PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALLAHAN, JIMMIE M	
STREET ADDRESS	3119 IPSWICH DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	CS	<input type="checkbox"/> Delete
NAME	SIMMONS, HOWARD M	
STREET ADDRESS	1721 FAIRWAYS LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	RS	<input type="checkbox"/> Delete
NAME	BELTRAN, BARBARA M	
STREET ADDRESS	967 BEECHFERN LANE	
CITY-ST-ZIP	ROCKLEGDE FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, HOWARD M MRS.	
STREET ADDRESS	1721 FAIRWAYS LN	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	<input type="checkbox"/> Delete
NAME	PACKARD, HERMAN M	
STREET ADDRESS	1404 GLENEAGLES WAY	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billie Ann Tadich	
STREET ADDRESS	415 Trails End Drive	
CITY-ST-ZIP	Merritt Island, Fl. 32953	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fran Huntress	
STREET ADDRESS	1304 st. Andrews Dr.	
CITY-ST-ZIP	Rockledge, Fl. 32955	
TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Candace Harman	
STREET ADDRESS	845 Levitt Parkway	
CITY-ST-ZIP	Rockledge, Fl. 32955	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sybil Fleckinger	
STREET ADDRESS	1016 George Ave.	
CITY-ST-ZIP	Rockledge, Fl. 32955	
TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arline Mason	
STREET ADDRESS	115 Indian River Dr. #106	
CITY-ST-ZIP	Cocoa, Fl. 32922	
TITLE	Corresponding Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Callahan	
STREET ADDRESS	3119 Ipswich Dr.	
CITY-ST-ZIP	Cocoa, Fl. 32926	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-1-2000** Daytime Phone #: **NS2-3960**

CR2E037 (9/99)