

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90009 029 \*\*\*\*61.25

**DOCUMENT # 718039**

1. Entity Name

**SPACE COAST LEAGUE OF CITIES, INC.**

Principal Place of Business

P. O. BOX 560488  
 ROCKLEDGE FL 32956-0488  
 US

Mailing Address

P. O. BOX 560488  
 ROCKLEDGE FL 32956-0488  
 US

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

**59-2921880**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BETTEN, BRADFORD  
 507 OCEAN AVE.  
 MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name

**Robert Willmarth**

Street Address (P.O. Box Number is Not Acceptable)

**2285 Minton Road**

**West Melbourne, FL 32904**

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

*Robert Willmarth*

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

(NOTE: Registered Agent signature required when reinstating)

1/08/01

DATE

**Robert Willmarth, Treasurer, Space Coast League of Cities**

**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 PD  
 NAME POOLE, PATRICIA  
 STREET ADDRESS 805 E. PALMETTO AVE  
 CITY-ST-ZIP MELBOURNE FL 32901 ☒ Delete

TITLE PD  
 NAME William Hall  
 STREET ADDRESS 2725 Malabar Rd.  
 CITY-ST-ZIP Malabar, FL 32950 ☒ Change ☐ Addition

TITLE TR  
 NAME BETTEN, BRADFORD  
 STREET ADDRESS 507 OCEAN AVE.  
 CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☒ Delete

TITLE TR  
 NAME Robert Willmarth  
 STREET ADDRESS 2285 Minton Rd.  
 CITY-ST-ZIP West Melbourne, FL 32904 ☒ Change ☐ Addition

TITLE VPD  
 NAME PARKER, JULIA  
 STREET ADDRESS 555 HAMMOCK RD.  
 CITY-ST-ZIP MELBOURNE VILLAGE FL 32904 ☒ Delete

TITLE VPD  
 NAME Ed Palmer  
 STREET ADDRESS 900 E. Strawbridge Avenue  
 CITY-ST-ZIP Melbourne, FL 32901 ☒ Change ☐ Addition

TITLE DS  
 NAME HALL, WILLIAM  
 STREET ADDRESS 2725 MALALBAR RD.  
 CITY-ST-ZIP MALABAR FL 32950 ☒ Delete

TITLE DS  
 NAME Vince Benevente  
 STREET ADDRESS 216 Fifth Ave.  
 CITY-ST-ZIP Indialantic, FL 32903 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*Robert Willmarth*

**Robert Willmarth, Treasurer, SCLC** 1/08/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/2001 Daytime Phone #

CR2E037 (10/00)