

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90091 013 ****61.25

DOCUMENT # 718039

1. Entity Name

SPACE COAST LEAGUE OF CITIES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 560488
ROCKLEDGE FL 32956-0488
USP. 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
59-2921880Applied For
Not Applicable5. 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

WILLMARTH, ROBERT
2285 MINTON ROAD
MELBOURNE FL 32904

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 \$61.259. 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 ☒ Delete
NAME HALL, WILLIAM
STREET ADDRESS 2725 MALABAR RD.
CITY-ST-ZIP MALABAR FL 32950TITLE PD ☒ Change ☐ Addition
NAME Palmer, Ed
STREET ADDRESS 900 E. Strawbridge Avenue
CITY-ST-ZIP Melbourne, FL 32901TITLE TR ☐ Delete
NAME WILLMARTH, ROBERT
STREET ADDRESS 2285 MINTON RD.
CITY-ST-ZIP MELBOURNE FL 32904TITLE Same ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPD ☒ Delete
NAME PALMER, ED
STREET ADDRESS 900 E. STRAWBRIDGE AVENUE
CITY-ST-ZIP MELBOURNE FL 32901TITLE VPD ☒ Change ☐ Addition
NAME Benevente, Vince
STREET ADDRESS 218 Fifth Avenue
CITY-ST-ZIP Indialantic, FL 32903TITLE DS ☒ Delete
NAME BENEVENTE, VINCE
STREET ADDRESS 216 FIFTH AVENUE
CITY-ST-ZIP INDIALANTIC FL 32903TITLE DS ☒ Change ☐ Addition
NAME Phillips, Georgia
STREET ADDRESS 1600 Huntington Lane
CITY-ST-ZIP Rockledge, FL 32955TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 (321)727-7700
Date Daytime Phone #

CR2E037 (9/01)