

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90251 034 ****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
1600 Huntington Lane
Suite, Apt. #, etc.

3. Mailing Address
1600 Huntington Lane
Suite, Apt. #, etc.

City & State
Rockledge, FL 32955
Zip
2660
Country
Brevard

City & State
Rockledge, FL 32955
Zip
2660
Country
Brevard

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

WILLMARTH, ROBERT
2285 MINTON ROAD
MELBOURNE FL 32904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert Willmarth, Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

2/19/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PALMER, ED	
STREET ADDRESS	900 E STRAWBRIDGE AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WILLMARTH, ROBERT	
STREET ADDRESS	2285 MINTON RD.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENEVENTE, VINCE	
STREET ADDRESS	218 FIFTH AVENUE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PHILLIPS, GEORGIA	
STREET ADDRESS	1600 HUNTINGTON LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vince Benevente	
STREET ADDRESS	218 Fifth Avenue	
CITY-ST-ZIP	Indialantic, FL 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Georgia Phillips	
STREET ADDRESS	1600 Huntington Lane	
CITY-ST-ZIP	Rockledge, FL 32955-2660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS Jan Lieson	
NAME	2285 Minton Rd.	(Please see below)
STREET ADDRESS	Melbourne, FL 32904	
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jan Lieson	
STREET ADDRESS	2285 Minton Rd.	
CITY-ST-ZIP	Melbourne, FL 32904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
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: **Robert Willmarth, Treasurer** **2/19/03** **321 768 4399**

CR2E037 (10/02)