

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718849

1. Entity Name

JOE REALINO MEMORIAL FUND, INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90257 036 ****70.00

Principal Place of Business

140 N. BREVARD AVE
COCOA BCH FL 32931
US

Mailing Address

P.O. BOX 320364
COCOA BCH FL 32932-364
US

360914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3327356

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MCDANIEL, ANITA S. CPA ---~~
~~101 S. COURTNEY PARKWAY SUITE 102~~
~~PO BOX 541539 ---~~
~~MERRITT ISLAND FL 32954 ---~~

7. Name and Address of New Registered Agent

Name

Mary Wilfret

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

52 Colonial Drive

City

Cocoa Beach

FL

Zip Code
32931

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 PD
NAME SIGAFOOS, DAVID ☒ Delete
STREET ADDRESS 771 HIBISCUS DR
CITY-ST-ZIP SATELLITE BEACH FL

TITLE RSD
NAME BARQUIN, DONNA ☐ Delete
STREET ADDRESS 425 BUCHANAN AVE #507
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE SD
NAME MASSIE, WANDA LEE ☐ Delete
STREET ADDRESS 400 CATALINA DRIVE
CITY-ST-ZIP COCOA BCH FL

TITLE VPD
NAME PARSONS, BILL ☐ Delete
STREET ADDRESS 152 MARTESIA WAY
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE VD
NAME SOUDERS, JOHNATHAN ☐ Delete
STREET ADDRESS 140 N. BREVARD AVE
CITY-ST-ZIP COCOA BEACH FL

TITLE D
NAME WILFRET, MARY ☐ Delete
STREET ADDRESS 52 COLONIAL DR
CITY-ST-ZIP COCOA BCH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Ron Chabot PD ☒ Change ☐ Addition
NAME PO Box 561290
STREET ADDRESS Rockledge, FL
CITY-ST-ZIP 32956-1290

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 321-784-5636

CR2E037 (9/01)