

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 726598**

1. Entity Name

MERRITT ISLAND EXECUTIVE COUNCIL, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90040 041 ****61.25

0030722

Principal Place of Business
**650 PAULA AVE
MERRITT ISLAND FL 32953-6119
US**

Mailing Address
**P O BOX 540553
MERRITT ISLAND FL 32954-0553
US**

604710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1961854		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**MUNDHENK, J F
650 PAULA AVE
MERRITT ISLAND FL 32953****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.

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, STANLEY D			NAME	CREO, VIC		
STREET ADDRESS	1255 W SCOTS AVE			STREET ADDRESS	1610 Jolson Court		
CITY-ST-ZIP	MERRITT ISLAND FL 32952			CITY-ST-ZIP	Merritt Island, FL., 32953		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHOPE, ROBERT L			NAME			
STREET ADDRESS	1670 SANDPIPER ST			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNDHENK, J F			NAME			
STREET ADDRESS	650 PAULA AVE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, CAROLYN A			NAME			
STREET ADDRESS	830 WAIKIKI DR			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRELL, JOHN			NAME			
STREET ADDRESS	810 MONTEGO BAY			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, STANLEY			NAME			
STREET ADDRESS	1255 W. SCOTTS AVE.			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 459-0963

CR2E037 (10/00)