

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 761375

FILED
Jan 29, 2002 8:00 AM
Secretary of State

Entity Name: SPINA BIFIDA ASSOCIATION OF THE FLORIDA SPACE COAST, INC.

Current Principal Place of Business:

3685 STARLIGHT AVE.
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

3685 STARLIGHT AVE.
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 59-2188149 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PETERS, MARK S., ESQ.
775 E. MERRITT ISLAND CAUSEWAY
SUITE 310
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: JACOBS, CINDY
Address: 173 SANIBEL WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD () Delete
Name: LAYER, BONNIE
Address: PO BOX 540532 (NA)
City-St-Zip: MERRITT ISLAND, FL 32954

Title: PD () Delete
Name: REINARTS, ROBIN
Address: 3685 STARLIGHT AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD () Delete
Name: KGSINEL, LESLIE
Address: 3744 GRND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KRY SINEL, LESLIE
Address: 3744 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Change (X) Addition
Name: KRY SINEL, MARK
Address: 3744 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN REINARTS

PD

01/29/2002

Electronic Signature of Signing Officer or Director

Date