

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764715

1. Entity Name

CANAVERAL SUN NORTH ASSOCIATION, INC.

Principal Place of Business

670 N. COURTENAY PKWY.
17B
MERRITT ISLAND FL 32954
US

Mailing Address

P.O. BOX 540941
MERRITT ISLAND FL 32954-0941
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 59-2911483

Applied For

Not Applicable

5. 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

LUCAS, RONALD J.
429 WATTS WAY
COCOA BEACH FL 32931

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
After September 12, 2001, min. will be \$236.25

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
NAME	HILL, MICHAEL	
STREET ADDRESS	670 N. COURTENAY PKWY., 17-B	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUCAS, RONALD J	
STREET ADDRESS	670 N. COURTENAY PKWY., 17-B	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, ANTHONY	
STREET ADDRESS	670 N. COURTENAY PKWY., 17-B	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	B	<input type="checkbox"/> Delete
NAME	DOX	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS D. LUCAS	
STREET ADDRESS	670 N. COURTENAY PKWY #17B	
CITY-ST-ZIP	MERRITT ISLAND, FL 32954	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNA LUCAS	
STREET ADDRESS	670 N. COURTENAY PKWY #17B	
CITY-ST-ZIP	MERRITT ISLAND, FL 32954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *RONALD J. LUCAS* 9/8/01 321-453-3561

FILED
Sep 13, 2001 8:00 am
Secretary of State

05-12-2001 90040 035 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)