

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90348 037 ****61.25

0030347

DOCUMENT # N00000001220

1. Entity Name

THE SPACE COAST AUTHORS OF ROMANCE, INC.

Principal Place of Business

**404 VIZCAYA COURT
 MELBOURNE FL 32940**

Mailing Address

**P.O. BOX 410767
 MELBOURNE FL 32941**

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

59-3663056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

815013



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**IVISON, MARILYN
 602 BREVARD AVENUE
 COCOA FL 32922**

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

TITLE **D** ☒ Delete
 NAME **CREWS, ETHEL MAXAM**
 STREET ADDRESS **2480 JOHNSTON AVENUE**
 CITY-ST-ZIP **MALABAR FL 32950**

TITLE **D** ☒ Delete
 NAME **GANGWISH, VICKIE**
 STREET ADDRESS **2130 FOREST KNOLL DR., NE #202**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☒ Delete
 NAME **DIDIER, CAROL**
 STREET ADDRESS **2969 KISUTH ROAD N.E.**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☐ Delete
 NAME **IVISON, MARILYN**
 STREET ADDRESS **404 VIZCAYA COURT**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
 NAME **LAURIE COOPER**
 STREET ADDRESS **4625 Whipple Hollow Rd**
 CITY-ST-ZIP **Melbourne FL 32934**

TITLE **D** ☒ Change ☐ Addition
 NAME **Camille Dumas Fuller**
 STREET ADDRESS **560 Franklin Avenue**
 CITY-ST-ZIP **Indianapolis FL 32903**

TITLE **D** ☒ Change ☐ Addition
 NAME **MARIAN GRIFFIN**
 STREET ADDRESS **1425 NAPANEE ST NW**
 CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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]* **RECEIVED MARILYN IVISON 2/21/01 (321) 639-5624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)