

2002 UNIFORM BUSINESS REPORT (UBR)

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 410787
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVISON, MARILYN
602 BREVARD AVENUE
COCOA FL 32922

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 D
NAME GRIFFIN, MARIAN ☒ Delete
STREET ADDRESS 1425 NAPANEE ST NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE D
NAME CAROL ANN DIDIER ☒ Change ☒ Addition
STREET ADDRESS 2969 KOSUTH RD NE
CITY-ST-ZIP PALM BAY, FL 32905

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

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

TITLE D
NAME COOPER, LAURIE ☐ Delete
STREET ADDRESS 4625 WHIPPLE HOLLOW ROAD
CITY-ST-ZIP MELBOURNE FL 32934

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

TITLE D
NAME FULLER, CAMILLE DUMAS ☒ Delete
STREET ADDRESS 560 FRANKLYN AVENUE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D
NAME ROXANNE ST. CLAIRE ☐ Change ☒ Addition
STREET ADDRESS 190 LANTERNBACK ISLAND
CITY-ST-ZIP SATELLITE BCH FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

MARILYN IVison

Date

4/15/02

Daytime Phone #

321-639-5624

0070347

CR2E037 (9/01)