

2000 UNIFORM BUSINESS REPORT (UBR)

6-27-00

05-31-2000 90067005 *****61.50
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DOCUMENT # N00000002635 ✓

1. Entity Name

Space Coast Filmmakers, Inc.

Principal Place of Business

8595 Eola Ct
Melbourne, FL 32940

Mailing Address

8595 Eola Ct
Melbourne, FL 32940

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00057296

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3572475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Name and Address of Current Registered Agent

Miller, Anthony W.
8595 Eola Court
Melbourne, FL 32940

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 state if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW
FEE IS \$81.25

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	Director/President	☐ Delete
NAME	Miller, Anthony	
STREET ADDRESS	8595 Eola Ct	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	Director/Treasurer	☐ Delete
NAME	Curry, Joseph D.	
STREET ADDRESS	4032 Friar Tech Lane	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director/Secretary	☐ Change ☐ Addition
NAME	Varady, Mary	
STREET ADDRESS	615 Tejon Ave SW	
CITY-ST-ZIP	Palm Bay, FL 32908	
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)(l), 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 817, 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:

Anthony Miller

4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7

CR2E037 (9/99)