

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004422

1. Entity Name

COCOA/ROCKLEDGE CIVIC LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 560491
ROCKLEDGE FL 32956-0491

P.O. BOX 560491
ROCKLEDGE FL 32956-0491

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

59-3657654

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

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 PD
NAME JACKSON, DAVID W
STREET ADDRESS 3507 W ROUNDTREE DRIVE
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

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

TITLE VPD
NAME WILSON, ALBERTA K
STREET ADDRESS 1155 MANATEE DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

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

TITLE SD
NAME AARON, EARNESTINE
STREET ADDRESS 1049 REVILLA LANE
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE SD
NAME Reed, Isabelle
STREET ADDRESS 980 Evergreen Place
CITY-ST-ZIP Rockledge, FL 32955 ☒ Change ☐ Addition

TITLE AS
NAME JACKSON, ANGELA
STREET ADDRESS 1140 DOLPHIN DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE AS
NAME Aaron, Earnestine
STREET ADDRESS 1049 Revilla Lane
CITY-ST-ZIP Rockledge, FL 32955 ☒ Change ☐ Addition

TITLE T
NAME MOORE, BARBARA
STREET ADDRESS 928 LEVITT PARKWAY
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

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

TITLE PAR
NAME CHAPMAN, RODERICK
STREET ADDRESS 1109 BRISTOL COURT
CITY-ST-ZIP COCOA FL 32922 ☐ 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

4/24/02 (321) 690-1514

Date

Daytime Phone #

CR2E037 (9/01)