

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008446

1. Entity Name

THE SUNFLOWER COALITION OF CAREGIVERS, INC.

Principal Place of Business

135 NORTH TWIN LAKES RD.
COCOA FL 32926

Mailing Address

135 NORTH TWIN LAKES RD.
COCOA FL 32926

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

59-3688223

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

AVERY, SUZANNE R
319 RIVEREDGE BLVD., STE. 107
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARNOLD, JOHN H JR.
523 ADAMS AVE.
CAPE CANAVERAL FL 32920

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIDSON, DORIS M
1744 NORTH MERRIMAC DR.
MERRITT ISLAND FL 32952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARIO, MARCIA B
135 NORTH TWIN LAKES RD.
COCOA FL 32926

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLSAUGH, CHARLOTTE W
4676 NORTH WICKHAM RD.
MELBOURNE FL 32952

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEINER, JANET A
460 KINGSTON RD.
SATELLITE BEACH FL 32937

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
ANGELO FACE
987 SYCAMORE Drive
ROCKLEDGE, FL 32955
☐ 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: MARCIA B. MARIO, PRESIDENT *Marcia B. Mario* 3/2/2001 (321) 632-0756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-13-2001 90064 031 ****61.25

930370



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)