

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001342

1. Entity Name

PALM BAY VOLUNTEER OBSERVER PROGRAM, INC.

Principal Place of Business

Mailing Address

130 MALABAR ROAD SE
PALM BAY FL 32907

130 MALABAR ROAD SE
PALM BAY FL 32907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Brevard

Zip

Country

Brevard

6. Name and Address of Current Registered Agent

4. FEI Number

30-0034660

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TSAMOUTALES, NICHOLAS F
1900 PALM BAY ROAD NE STE G
PALM BAY FL 32905

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 COLANDREA, ANTHONY J
STREET ADDRESS 1787 WAKE FOREST ROAD NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME BARRALES, CATHERINE
STREET ADDRESS 1690 SUTSCHEK ST NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME FETHERBAY, DAVID F
STREET ADDRESS 720 DINNER ST NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME JOHNSON, ELIZABETH D
STREET ADDRESS 720 DINNER ST NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME POTTS, DOUGLAS
STREET ADDRESS 140 BREAKWATER ST NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME TERKOSKI, LEON
STREET ADDRESS 1405 BARTON AVE NW
CITY-ST-ZIP PALM BAY FL 32907

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *Anthony J Colandrea* ANTHONY J COLANDREA 3/16/02 321-953-8987

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90037 005 ****61.25



DO NOT WRITE IN THIS SPACE

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