

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90778 020 \*\*\*\*61.25

**DOCUMENT # N01000001641**

1. Entity Name

**WEST MELBOURNE ELEMENTARY NONPROFIT CORPORATION**



Principal Place of Business

**2255 MEADOWLANE AVE  
MELBOURNE FL 32904**

Mailing Address

**2255 MEADOWLANE AVE  
MELBOURNE FL 32904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3705777**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SWAHLAN, SUSAN  
582 PONDEROSA STREET  
WEST MELBOURNE FL 32904**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **SWAHLAN, SUSAN**  
STREET ADDRESS **582 PONDEROSA ST.**  
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

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

TITLE **VPSD** ☐ Delete  
NAME **ROTH, ADRIENNE**  
STREET ADDRESS **633 DESOTA LN.**  
CITY-ST-ZIP **SATELLITE BCH. FL 32937**

TITLE **VPSD** ☒ Change ☐ Addition  
NAME **Roth, Adrienne**  
STREET ADDRESS **633 DeSoto Lane**  
CITY-ST-ZIP **Indian Harbour Bch., FL 32937**

TITLE **TD** ☐ Delete  
NAME **PIERCE, VALERIE**  
STREET ADDRESS **1833 WOODBERRY CIR.**  
CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE **D** ☐ Delete  
NAME **SASSMAN, STEVE**  
STREET ADDRESS **208 NEMO CIR. NE**  
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Delete  
NAME **SALBERG, DUKE**  
STREET ADDRESS **632 FISHTAIL PALM BLVD.**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☒ Change ☐ Addition  
NAME **Salberg, Duke**  
STREET ADDRESS **2452 Woodfield Cir.**  
CITY-ST-ZIP **West Melbourne, FL 32904**

TITLE **D** ☐ Delete  
NAME **UBER, BOB**  
STREET ADDRESS **859 GERA AVE. NW**  
CITY-ST-ZIP **PALM BAY FL 32907**

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: *Susan Swahlan* **SUSAN SWAHLAN** 2/27/2003 (321) 718 7182

CR2E037 (10/02)