

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

03-13-2002 90106 009 \*\*\*\*70.00

FILED N02000001008

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 26 AM 8:42

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DOCUMENT # **N02 000001008**

1. Entity Name

**SPACE COAST WILDLIFE RESEARCH  
AND LEARNING CENTER, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4560 N. U.S. HWY 1**

3. Mailing Address

**4560 N. U.S. HWY 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MELBOURNE, FL.**

City & State

**MELBOURNE, FL.**

4. FEI Number

**59-3756502**

Applied For

Not Applicable

Zip

**32935**

Country

**BREYARD**

Zip

**32935**

Country

**BREYARD**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**PATRICK J. ANDERSON**

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

**930 S. HARBOR CITY BLVD., STE 505**

City

**MELBOURNE, FL.**

**FL**

Zip Code

**32901**

**DO NOT WRITE  
IN THIS SPACE**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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	DP
NAME	MEDERER, HYTA
STREET ADDRESS	4560 N. US HWY 1
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DY
NAME	SMALL, SUE
STREET ADDRESS	4560 N. US HWY 1
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DS
NAME	OLEJASKI, EILEEN
STREET ADDRESS	4560 N. US HWY 1
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	DT
NAME	CASTNER, GARY
STREET ADDRESS	4560 N. US HWY 1
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*JB3/26*

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*GARY CASTNER*

**GARY**

**CASTNER**

**2/15/2012**

**321**

**2548843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)