

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

0005472

DOCUMENT # N02000008544

1. Entity Name

EAST COAST RESTORATION CENTER, INC.



09-10-2003 90060 018 ****61.25

Principal Place of Business

**2877 LOCKSLEY RD
MELBOURNE FL 32935**

Mailing Address

**2877 LOCKSLEY RD
MELBOURNE FL 32935**

2. Principal Place of Business

3. Mailing Address

2877 Locksley Rd
Suite, Apt. #, etc.

2877 Locksley Rd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

30: 0119699

Applied For

Not Applicable

Zip

32935

Country

Zip

32935

Country

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

**GROSSO, ANGELIA
2877 LOCKSLEY RD
MELBOURNE FL 32935**

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]

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

After September 10, 2003, min will be \$236.25

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 NAME	PD GROSSO, ANGELIA	<input type="checkbox"/> Delete
STREET ADDRESS	2877 LOCKSLEY RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	VD DAVIS, JAMES SR	<input type="checkbox"/> Delete
STREET ADDRESS	508 COMANCHE AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	SD GROSSO, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	2877 LOCKSLEY RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	TD FREEDMAN, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	2877 LOCKSLEY RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	D FIOL, MARTA	<input type="checkbox"/> Delete
STREET ADDRESS	2861 LOCKSLEY RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 sep 03

Date

321-254-6394

Daytime Phone #

CR2E037 (4/03)