2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N08047

1. Entity Name

Principal Place of Business

MELBOURNE INDEPENDENT C.B. RADIO CLUB, INC.

302 Lanack road se Palm Bay Fl 32909 Us		302 LANACK ROAD SE PALM BAY FL 32909-8824 US						
2. Principal P	Place of Business	3. Mailing Address	<u></u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Numbe	NOT APPLICABLE		plied For Applicable	
Zip Country		Zip	Country	5. Certificate	of Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent				
		<u>-</u>	Name					
SEYMOUR, DOROTHY M. 302 LANACK ROAD SE PALM BAY FL 32909			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
SIGNATURE	Signature, typed or printed name of registered FILE NOW: FEE IS \$61.25	agent and file if applicable (NOTE: For Trust Fund Contribution	Registered Agent signature req	·		Payable to		
10. OFFICERS AND DIRECTORS 11.			11	ADDITIONS/CH	ANGES TO OFFICERS AND I	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P HALL, DON 1301 MIT CT NE PALM BAY FL	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, GROVER 501 CORNELL AVE MELBOURNE FL 32901	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE .	S	☐ Delete	TITLE			Change	☐ Addition	

PALM BAY FL I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY ST ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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NAME STREET ADDRESS

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NAME

☐ Delete

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Delete

SIGNATURE:

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-SI-ZIP

KIRKLAND, VALERIE

PALM:BAY:FL-

HARVEY, MARY

MELBOURNE FL

PETTY, GLENN

2555 NE THIRD AVE

PALM BAY FL 32905

SEYMOUR, DOROTHY

302 LANACK RD SE

1916 MOSSWOOD DR

1905 ELDERBERRY CT NE

321-725-1165

☐ Change

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Addition

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FILED

Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90039 025 ****70.00