

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90478 047 \*\*\*\*61.25

**DOCUMENT # N16274**

1. Entity Name

**LETTER CARRIER HOLDING CORPORATION, BRANCH 2689,  
INC.**



Principal Place of Business

**1497 GUAVA AVE  
MELBOURNE FL 32935  
US**

Mailing Address

**P O BOX 120128  
WEST MELBOURNE FL 32912  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6194534**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONOPOLI, MICHAEL  
969 SONESTA AVE N E  
E-201  
PALM BAY FL 32905**

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 ☐ Delete  
NAME **P MONOPOLI, MICHAEL**  
STREET ADDRESS **969 SONESTA AVE NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☒ Change ☐ Addition  
NAME **MONOPOLI, MICHAEL**  
STREET ADDRESS **311 E. Palmetto AVE.**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete  
NAME **LOVETT, JOHN B**  
STREET ADDRESS **1249 CANNON ST**  
CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE ☐ Delete  
NAME **C PEARSON, GEORGE**  
STREET ADDRESS **520 SHERIDAN AVE**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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

TITLE ☐ Delete  
NAME **S CLARK, MICHAEL**  
STREET ADDRESS **550 PRELUDE ST N W**  
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE ☐ Delete  
NAME **D SHEEHAN, DANIEL**  
STREET ADDRESS **811 HUNAN STR NE**  
CITY-ST-ZIP **PALM BAY FL**

TITLE ☒ Change ☐ Addition  
NAME **SHEEHAN, DANIEL**  
STREET ADDRESS **1835 minytemen Carroway, #103**  
CITY-ST-ZIP **CoCoa Beach, FL 32931**

TITLE ☐ Delete  
NAME **T OXENDINE, SHARON**  
STREET ADDRESS **413 FILLMORE AVE N E**  
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: **MICHAEL MONOPOLI**

10/17/02 321-543-9227

CR2E037 (10/02)