

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16479

1. Entity Name

LEISURE OF THE BLIND, INC.

**FILED**  
May 16, 2002 8:00 am  
Secretary of State

05-16-2002 90085 005 \*\*\*\*61.25

360486



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1824 S HARBOR CITY  
MELBOURNE FL 32901  
US

P O BOX 361804  
MELBOURNE FL 32936  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3226814

Applied For

Not Applicable

Zip

Country

Zip

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

HERNDON, PAT  
3780 W. NEW HAVEN AVE  
MELBOURNE FL 32904

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.

SIGNATURE

PAT HERNDON

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
NAME COLEMAN, VICTOR  
STREET ADDRESS 2149 PINEAPPLE AVE  
CITY-ST-ZIP MELBOURNE FL 32934 ☒ Delete

TITLE SD  
NAME DODD, REBA  
STREET ADDRESS 1276 SHORT ST  
CITY-ST-ZIP ROCKLEDGE FL ☒ Delete

TITLE TD  
NAME GONSALVES, BRONYA  
STREET ADDRESS 4311 3RD AVE  
CITY-ST-ZIP INDIAN LANTIC FL 32903 ☒ Delete

TITLE VPD  
NAME MULLIGAN, DOROTHY  
STREET ADDRESS 3227 FAIRFAX AVE NE  
CITY-ST-ZIP PALM BAY FL 32905 ☒ Delete

TITLE D  
NAME SCABAROZI, HARY  
STREET ADDRESS 112 BAYVIEW DR  
CITY-ST-ZIP INDIAN HARBOR BCH FL 32937 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME Herndon, Pat  
STREET ADDRESS 3780 W. New Haven Ave.  
CITY-ST-ZIP Melbourne, FL 32904 ☐ Change ☒ Addition

TITLE VPD  
NAME (Jane) Fuhrman  
STREET ADDRESS 520 Palm Springs Blvd.  
CITY-ST-ZIP Indian Harbor Beach, FL 32937 ☐ Change ☒ Addition

TITLE SD  
NAME (Reba) Dodd  
STREET ADDRESS 1276 Short St.  
CITY-ST-ZIP Rockledge, FL 32955 ☐ Change ☒ Addition

TITLE TD  
NAME Hickman, Merle  
STREET ADDRESS 441 Crockett St.  
CITY-ST-ZIP West Melbourne, FL 32904 ☐ Change ☒ Addition

TITLE B  
NAME Cooley, Dick  
STREET ADDRESS 775 Hahanu Ave.  
CITY-ST-ZIP Palm Bay, FL 32907 ☐ Change ☒ Addition

TITLE D  
NAME Hickman, Hatley  
STREET ADDRESS 441 Crockett St.  
CITY-ST-ZIP West Melbourne, FL 32904 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT HERNDON - April 24, 2002

Date

Daytime Phone #

321-723-6900

CR2E037 (9/01)