

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90104 023 ****61.25

DOCUMENT # N21842

1. Entity Name

SOUTH BREVARD MOTHERS OF MULTIPLES, INC.



Principal Place of Business

P. O. BOX 3251
MELBOURNE FL 32902
US

Mailing Address

P. O. BOX 3251
MELBOURNE FL 32902
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2845426**

Applied For

Not Applicable

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

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's 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	D	Delete
NAME	CAMMIE, MARSHALL	
STREET ADDRESS	1753 GREYWIG PL.	
CITY-ST-ZIP	VALKARIA FL 32950	
TITLE	D	Delete
NAME	LUCY, DRAGON	
STREET ADDRESS	918 SOUTH FORK CIR.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	Delete
NAME	THOMPSON, ANGELA	
STREET ADDRESS	315 CURRY ST. NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	Delete
NAME	DUGAN, SHERRY ADAMS	
STREET ADDRESS	814 POTOMAC DR.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	Delete
NAME	RICHARD, MICHELE	
STREET ADDRESS	1681 NORWOOD ST NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	Delete
NAME	HEIDI, PROCTOR	
STREET ADDRESS	440 MOSSWOOD BLVD.	
CITY-ST-ZIP	INDIALANTIC FL 32903	

TITLE	ASHLEY Reimiller	Change	Addition
NAME	2150 Shell AVE		
STREET ADDRESS	Indialantic, FL 32903		
CITY-ST-ZIP			
TITLE	1st VP	Change	Addition
NAME	Proctor, Heidi		
STREET ADDRESS	258 Seaview St.		
CITY-ST-ZIP	Melbourne, FL 32951		
TITLE	2nd VP	Change	Addition
NAME	Dragon, Lucy		
STREET ADDRESS	918 South Fork Cir		
CITY-ST-ZIP	Melbourne, FL 32901		
TITLE	3rd VP	Change	Addition
NAME	Bradish, Kris		
STREET ADDRESS	518 Empire AVE		
CITY-ST-ZIP	Palm Bay, FL 32907		
TITLE	Secretary	Change	Addition
NAME	Sutton, Kerry		
STREET ADDRESS	704 Oak Ridge Dr		
CITY-ST-ZIP	Indialantic, FL 32903		
TITLE	Treasurer	Change	Addition
NAME	Sheryl Jones		
STREET ADDRESS	1420 Hill AVE		
CITY-ST-ZIP	Melbourne, FL 32940		

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: Sheryl L Jones 8-14-03 381-255-3822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)